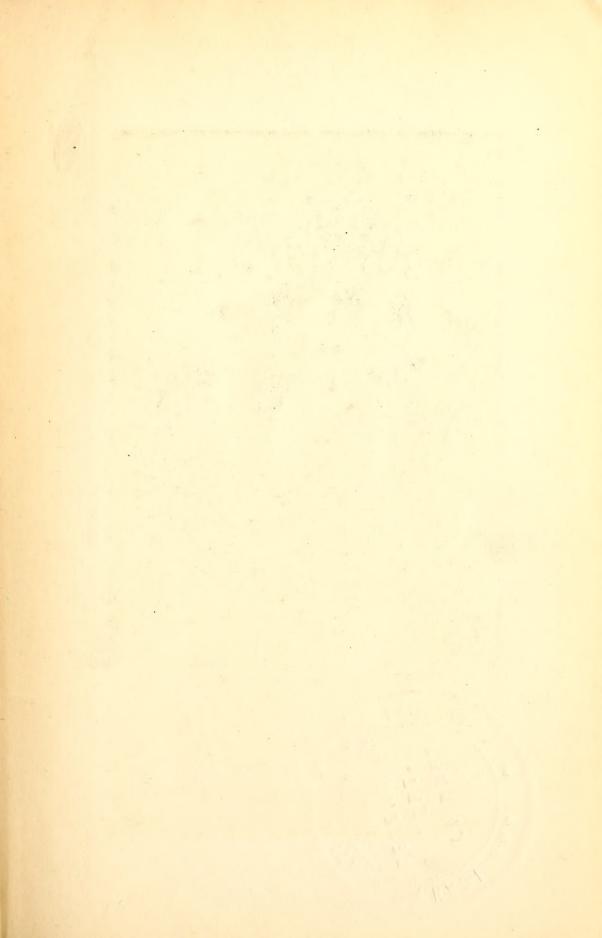




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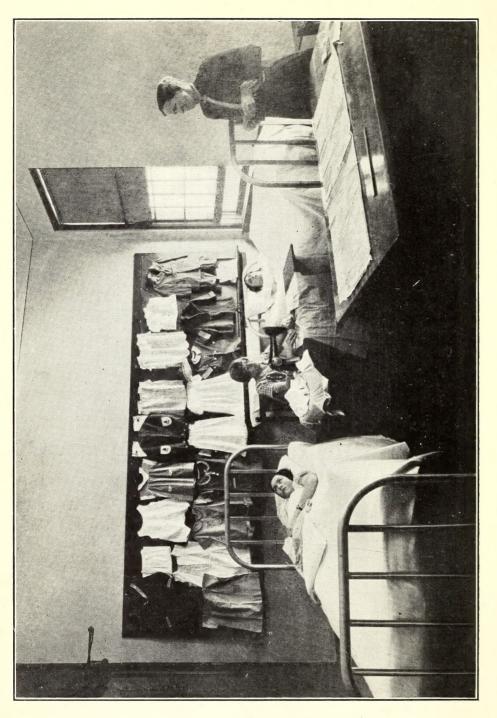


DISABLED PERSONS

Their Education and Rehabilitation

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CLASS IN CHILDREN'S DRESSMAKING ARRANGED BY MINNESOTA DIVISION OF RE-EDUCATION AT GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN, ST. PAUL

DISABLED PERSONS

Their Education and Rehabilitation

BY

OSCAR M. SULLIVAN, M.A.

Director of Re-education, State of Minnesota

AND

KENNETH O. SNORTUM, M.A.

Associate Professor of Education, Macalester College



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DISABILED PERSONS

Their Between and Normalitation.

OSCAR M. SULLIVAN, MA.

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TO ALL GOOD REHABILITATION WORKERS WHEREVER DISPERSED AND ESPECIALLY TO THOSE WHO PIONEERED IN ANY PHASE OF THE WORK



FOREWORD

This book is an attempt to treat in a comprehensive way all phases of work relating to the reclamation of persons hampered by physical disabilities. The concept is that of a unit problem, the presence in society of considerable numbers of handicapped individuals, young and old. It is felt that all activities which bear upon the solution of the problem are so interrelated that none can be rightly understood without a knowledge of the others, and none can make the headway that it should without the proper development of the others.

Use has freely been made of all existing material relating to the subject. The bibliographies appended to each chapter are not intended to be exhaustive, but to represent selection, although it should be stated that the literature of the field is not very large. In the main the book is the outgrowth of the contact of the authors with the lives of disabled persons extending over a considerable period of years. The first-named of the authors began as statistician in workmen's compensation activities in 1916, was chairman of the special Minnesota Commission on Rehabilitation of Industrial Cripples in 1918, State Director of Re-education since 1919, and in 1920 was special agent for the Federal Board for Vocational Education during a leave of absence to assist in preparing documents advising the states on the new national activity. The associate in authorship was Assistant Director of Re-education in Minnesota for several years, and later Associate Professor of Education at Macalester College. He has given special attention to the educational implications of the field. To name all who have

been of assistance in preparing the work would be too long a catalogue, hence only a general acknowledgment is made here of the kindness of many who have contributed material and otherwise helped.

OSCAR M. SULLIVAN. KENNETH O. SNORTUM.

INTRODUCTION

The Twentieth Century has witnessed the first big, systematic effort to reclaim, as a section of humanity, those disabled from any cause, and the seat of that effort is our own land. This forward movement in the conservation of human resources has not come about either through chance or spasmodic effort. It is the logical result of an evolution in the social attitude and policy toward the handicapped, which has required more than forty centuries for its consummation. This book sets up this historical background and traces this evolution.

Since the dawn of recorded history, the human race as a whole has advanced through a series of attitudes toward those afflicted by disease or misfortune. These changing points of view can be roughly described as a succession of ages, some of them covering many centuries. The titles that might well be given those ages will serve here to describe the corresponding stages at which the world had arrived in dealing with the unfortunate of the world, particularly "the lame, the halt and the blind": the age of cruelty and elimination; the age of indifference and neglect; the age of pity and pauperism; the age of charity and individual responsibility; the age of social responsibility and experiment; and the age of constructive treatment of the dependent and the handicapped.

All of these attitudes still linger in the world. The savage tribes of the dark places have never evoluted beyond the first age. Some barbaric people are still in the second. Some civilized peoples have advanced to the third. Most civilized nations have attained the fourth. All self-determining democracies recognize their social responsibility within limits, at least, for the dependent and the handicapped. Our own country has

the honor of being the first to see the redemption of the disabled as a wise venture in human conservation and to begin the handling of it in a constructive way. This seeing and doing of things for the nation's handicapped constitutes the theme of this book.

The justification of this movement for the more efficient social treatment of the disabled citizens of this democracy rests upon both humanitarian and conservation grounds. We have long recognized the first; we are now beginning to carry out the plain implications of the second. Into the humanitarian attitude, plain pity, the spirit of human brotherhood and good will, a growing sense of responsibility for the welfare of others and the Christian obligation exemplified by the Good Samaritan have all entered and paved the way for a more scientific dealing with the problem.

It was inevitable that this growing solicitude for the unfortunate, which constitutes one of the richest, if not the richest asset of this democracy, would in time lead to the application of the conservation idea to their treatment, and substitute rehabilitation for relief. This conservation idea finds large justification—perhaps its largest justification—in a constructive program for the handicapped such as this book presents. Back of this program are such conservation policies as reducing the human waste pile, helping others to help themselves, the substitution of self-help for dependency, the utilization of latent human assets, the practice of real economy in social relief, the removal of social discontent among the less fortunate, the building of a sounder foundation for society, the safeguarding of the future of this nation, and the promotion of the individual and collective efficiency of our citizenship.

The constructive period in the rehabilitation of disabled persons has passed through a number of stages. It began as private effort and experiment; advanced to public support and effort; and is now making rapid progress in a most needed co-operation

between the two. It began in the more systematic treatment of the dependent handicapped and has added one by one the vital service of medical care and relief, economic help by placement and the improvement of economic help by training, placement and follow-up. When public support supplemented private philanthropy, the public effort was first purely local, became a matter of state concern, and has culminated in a co-operative scheme between the Nation and the several states already so well under way that now private effort supplements the widening public program.

The authors have told the story of this evolution in a terse and comprehensive way. Most of the text, however, has been devoted, and properly so, to a consideration of every aspect of every problem involved, from the prevention of disabilities to the restoration of victims to the normal life of self-dependent citizens. It takes up in detail each method of dealing with every problem and presents in detail the administrative aspects of every phase of each problem which those engaged in rehabilitation work must meet and solve. Each special type of handicap is cross-sectioned all ways so as to cover method, administration, and special difficulties and considerations for each type.

Running through the text from the beginning like a major thread is the deep-seated conviction of the authors that while the services to be rendered the disabled man must, of necessity, be discussed separately, they constitute only phases of his treatment, all of which must be interrelated. Efficient rehabilitation can never be a series of isolated helps, but one total service that must function in complete restoration, as far as the handicap in any given case will permit. Always the essential unity of the problem is recognized and the advantage of a combined attack on it emphasized. The purpose of the authors could be perhaps best phrased in this statement: They have tried throughout to correlate all the aspects of the movement.

Few, if any, combinations of persons could be found better

equipped for the contribution they have made. Minnesota was the first Commonwealth to establish a State Re-education Program for the Disabled, a step taken by the North Star State several years before the National Government began to make grants stimulating the states to undertake the work. Mr. Sullivan was the first Director of Re-education for Minnesota, a position he still retains, and Mr. Snortum was formerly his assistant. Both men brought to the task of writing this book an enthusiastic interest in the problem, a rich experience in dealing with it and a marked ability to profit by that experience—all of which has resulted in this distinctly forward-looking contribution to the movement for human conservation.

Without doubt this book will be of great interest and help to all those engaged in or interested in the rehabilitation movement as a whole or in any of its aspects. Among those to whom it should appeal are all such groups as: Those engaged in the National or State administration of Vocational Re-education work under public auspices; those employed in occupational therapy, or in the training of instructors for this field; officials of National and State industrial commissions; persons responsible in personnel or factory welfare work; members of the medical profession and particularly surgeons and nurses; state institutions having the custodial care of handicapped people; social workers of every kind; supervisors and instructors in the special classes maintained by the public schools for the benefit of handicapped children; those interested in or actively employed in special hospitals for crippled children; officials of fraternal organizations and others specially interested in a program for such children; and all members of the many associations in this country whose special purpose is to help different types of disabled persons, such as the Federation of Leagues for the Hard of Hearing, the National Society for the Prevention of Blindness and the National Tuberculosis Association.

C. A. Prosser.

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PART I THE CHANGING SOCIAL ATTITUDE TOWARD THE DISABLED



CHAPTER I

ORIGINS

The salvaging of disabled persons, young or old, is a very recent and very modern idea. It represents a profound change in the attitude of humanity toward its handicapped fellow-beings. Perhaps it would be better to call it the beginning of a change, for much of the work of altering deep-rooted mental attitudes remains to be done. Age after age shows a record of neglect, of active maltreatment, or—when the mood was benevolent—of mistaken and mischief-making palliatives, in society's dealings with the disabled. Even the scientific revolution which produced modern times and is responsible for the vast improvement in the general level of existence did not begin to reach this obscure group specifically until the latter part of the nineteenth century. A definite and systematic program is a matter of little more than the last decade.

Effect of society on the disabled.—Human society is a psychological product much more than is ordinarily realized. This may be a commonplace of sociology, but it is too often overlooked in general discussion, or even in connection with history and civic science. Society, like Omar, may well say, "I myself am heaven and hell." It has frequently in the course of human history constructed heavens and hells out of sheer mental stuff. The tragedy of the disabled has consisted not so much in their various disabilities and the actual limitations of life that these have caused, as in the evils and tortures conjured upon them by the imaginations of their fellows. The world that human mind stuff has built for the handicapped has too often approximated closely to the limbo designed for the damned.

Early attitude still the background.—It is important to inquire into ancient and medieval treatment of the disabled and the counterpart among savages to-day in order that the background of present-day aversions and prejudices may be understood. The testimony of anthropologists seems to be that for the most part among savages the accidentally disabled are exposed to a hostile social attitude, while the congenitally deformed are usually destroyed. Gustav F. Schulz 1 quotes the Masai saying that "Warriors and Cripples keep apart," and cites also a story of the Crow Indians regarding a young brave who had been crippled and who announced himself a "Crazy Dog," a way of indicating that he was going to seek death in a desperate adventure. He deduces that "These instances sufficiently point the moral that among primitive warlike peoples a physical handicap serious enough to incapacitate a man for warfare after the manner approved by the tribe frequently involves social degradation, a loss of caste sometimes felt to be so shameful that a proud spirit may prefer death." The same writer 2 finds many instances of the destruction of congenitally crippled and deformed children among widely different savage tribes and concludes: "The destruction of the congenitally deformed appears, along with the destruction of other special classes of children, as a survival of a custom of more general or indiscriminate infanticide; the motives underlying the killing of the congenitally deformed are both rationalistic (economic and esthetic) and superstitious; the superstitious motive is a dread of such children both as omens and as the incarnations of dangerous supernatural powers, and its influence is active not only among the tribes that kill the congenitally deformed, but in the superstitious and religious beliefs and practices of other primitive peoples."

¹ Gustav F. Schulz, American Journal of Care for Cripples, Vol. VIII, No. 5, p. 338.

² Op. cit., p. 341 seq.

Treatment by Greeks and Hebrews.—Such doubtless was the attitude of practically all early peoples. In a higher grade of society a strikingly similar attitude may be noted among the ancient Greeks. No better example can be found than the picture of Thersites given in the *Iliad*. Bear in mind that the author, whether the traditional blind Homer or some one else, was endeavoring to draw a character depraved enough to revile the ruler, in this case, Agamemnon, who had just robbed Achilles of his prize. The bard can think of no better characterization than to make the objector a cripple.

"Thersites only, clamorous of tongue
Kept brawling . . .

Of the multitude
That came to Ilium, none so base as he,—
Squint-eyed, with one lame foot, and on his back,
A lump, and shoulders curving towards the chest." **

Still more significant is the scene that immediately followed Thersites' speech. Ulysses, Homer's ideal of wisdom, does not take the trouble to argue with the cripple, but simply applies epithets to him and beats him severely with a scepter. Nowadays an able-bodied man beating a cripple would stand a chance of being mobbed, but in the days of Achæan glory what happened was general approval and admiration, or so at any rate the bard records it.

Of equal if not greater influence on our civilization was the Hebrew attitude which, as embodied in the Bible, came to all European peoples along with the sources of their religion. The same aversion that has been noted appears in the rules governing Levites:⁴

"Whosoever he be in their generations that hath any blemish, let him not approach to offer the bread of his God. For what-

⁴Leviticus: XXI, 17-23.

³ Iliad, Bryant's translation, Book II, 265 seq.

soever man he be that hath a blemish, he shall not approach: a blind man, or a lame, or he that hath a flat nose, or anything superfluous, or a man that is brokenfooted, or brokenhanded, or crookbackt, or a dwarf, or hath a blemish in his eye, or be scurvy, or scabbed . . . he shall eat of the bread of his God. . . . Only he shall not go in unto the vail, nor come nigh unto the altar, because he has a blemish."

There is an element of inconsistency in such a prejudice on the part of the Hebrews in view of the earlier story of their ancestor Jacob in which he is represented as lame. It is not uncommon, however, for traditions and customs to be conflicting, since they are made up of survivals of old ideas and accretions from miscellaneous sources. In most respects the actual treatment of disabled persons by the Hebrews seems to have been humane. Certainly with the advent of Christianity the ideal of rehabilitation, at least on the physical side, makes its appearance.

Nor did the Greeks, despite their keen sensitiveness to beauty. always maintain discrimination against the cripple. The very possibility of such a career as that of Agesilaus, the lame king of Sparta, a state which long kept up the exposure at birth of deformed children, proves that advancing civilization had a softening influence. Even the harsh institution of slavery, which undoubtedly brought about the speedy elimination of the infirm in the establishments of hard-minded masters, must have had a protecting and ameliorating effect under the sway of the mildmannered. A saying which indicates a rudimentary occupational adjustment has come down from one of the Greek writers who was protesting against the haphazard way in which parents chose the slaves who had the care of their children. "A slave falls out of a tree," he said by way of illustration, "and lo, he is become a pedagogue." This would indicate a tendency to allot the lighter tasks to slaves who were infirm or disabled.

Analysis of long-continued prejudices.—But while overt cruelty toward the handicapped tended to decrease with each

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rising tide of civilization, the prejudices and innate prepossessions that marked earlier times persisted and show their vestiges to this day. Various analyses have been made of this mental background, but none seems to be especially authoritative. The gist of all seems to be contained in the two ideas that the disabled person is an economic incompetent, therefore a burden on society, and that the possession of a crooked or abnormal body means the possession of a crooked or abnormal mind also. The latter idea probably is derived from the still earlier belief that the congenitally deformed were the work of evil spirits and that the misfortunes in later life which caused dismemberments and similar disabilities were the visitations of the higher powers to punish wrong-doing. The practice in Oriental countries of maining and mutilating as punishment for crime must also have tended to place stigma on the possession of a disability by adding many delinquents and social enemies to the numbers of the disabled. Readers of the Arabian Nights will readily recall the lightness with which the cutting off of a hand could be ordered for an act of petit larceny now nothing more than a police court offense. The theory of the crooked mind in the crooked body has perhaps best been expressed by Shakespeare in connection with Richard III:

> "Then since the heavens have shaped my body so Let hell make crook'd my mind to answer it." 5

It is the lingering traces of these mental attitudes on the part of society which give the disabled person to-day a sense of inferiority, make him feel that man and nature have conspired against him, and cause him to believe that there is no chance for him in the economic world.

Almsgiving increases degradation.—Strangely enough, the unfavorable psychological environment which has been built up for the disabled person in the past was still further enhanced by

⁶3 Henry VI, Act V, Sc. VI.

practically the only kindly intended action which society took. This was the widespread and indiscriminate practice of almsgiving. In every civilization as soon as the altruistic spirit began to appear, sporadic and unsystematic giving to the poor seemed to become a feature, and as the objects of such efforts the disabled were often especial favorites. Frequently the practice has had the support of religion. Oriental countries in particular have been cursed by the prevalence of shameless begging and pauperizing largesses. The customary and habitual thing for a person having a disability, especially the loss of a member, is to arouse pity by displaying himself and thus gain a livelihood from the donations of the charitable. The Galata bridge at Constantinople was described by a speaker at a recent conference as almost lined on either side by the crippled and deformed exploiting their afflictions.

In medieval times European countries presented a very similar picture. It is true that there was in the church a definite organization for relief giving, which for a time minimized wastefulness and pauperization, but a new motive came in with Christianity which swamped any efforts at control. It has been called the selfish religious motive, the giving of alms to help the religious position of the donor and assure him of reward in an after-life. Gillin 7 well says: "The motive of giving alms for the welfare of one's own soul has continued to be a prominent motive throughout the Christian centuries and has worked all kinds of evil. It has been substituted for the love of mankind and the love of Christ which were the original motives of Christian philanthropy. It has broken down the safeguards thrown around early charitable relief. It curses both the giver and the recipient." It is true that Christianity did not originate or monopolize this motive. The giving of alms "to acquire merit" has been

⁶ John R. Brown, St. Paul, at Minnesota Conference for Disabled, May 14, 1925.

John L. Gillin, Poverty and Dependency, p. 136.

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a feature of several Oriental religions. The connection with Christianity is important, however, as explaining some of the mental background in modern America.

Persistence of beggar concept.—Mention should be made also of the work of the monasteries, hospitals and foundations in the Middle Ages, because in so far as they proved to be remedial they marked the beginnings of systematic physical rehabilitation. In the care of disabled soldiers a curious provision was found in medieval France. From about the time of Philip Augustus it became increasingly common for disabled soldiers to be quartered on certain of the monasteries as oblates or lay monks. They did not assume a special garb, or follow religious rules, and frequently there were serious incongruities between the manners of the oblates and the atmosphere of their asylum. The institution persisted as late as the seventeenth century.

With the rise of public relief, both outdoor and indoor, at the close of the Middle Ages, the position of the disabled as special objects of pity was further emphasized. Almsgiving to the able-bodied was now discouraged, and laws were passed against begging, but usually those who were physically handicapped were excepted specifically or in practice. Thus the concept has come down to the present time that the disabled person is a legitimate beggar. Attempts to stop mendicancy in many cities are intermittent and ineffectual because there are still too many persons with medieval minds who protest against what they consider harshness and who mistakenly encourage the degradation of those they would help. The persistence of almsgiving has evil effects upon the mind of the individual handicapped person and the minds of other members of society. The individual who is or becomes physically disabled has to fight off the feeling of inferiority that he belongs to a beggar class. The sight of every crippled beggar on the street is a blow to his selfrespect. On the other side, the prevalence of begging reinforces the idea of employers that the disabled person is an economic

incompetent. It accounts for the suggestion sometimes offered by business men that it might be better to pension or give custodial care to the handicapped.

Such, then, were the salient features in the treatment of the physically impaired through all of mankind's history until a short half century or so ago. It is too much to expect that the mental coloring and unconscious carry-over from the past will be immediately eradicated. The new idea of constructive effort, of systematic rehabilitation, physical and vocational, will have a long struggle to wage. But it is a part of the scientific development which is dominating the modern world, it is clear-cut and reasonable in method, and it should therefore make rapid progress.

Rise of scientific social work.—The sources of the present-day rehabilitation work may be found in three different movements. They are the Charity Organization Societies, the efforts on behalf of crippled children, and the workmen's compensation laws. The Charity Organization Societies originated in England in 1869 and were introduced into the United States in 1877 and 1878. They have as their aim the avoidance of duplication, the procurement of relief and other treatment strictly on the basis of need, and the restoration of the dependent to independence wherever pos-In their hands case work, or service to each individual or family according to his or its best interests, was developed into a technique. Under such circumstances it was inevitable that at times efforts should be made to make some of the handicapped self-supporting through placement, through provision of tools and occasionally through training. A number of the larger Charity Organization Societies developed special bureaus for the handicapped as early as the nineties, usually doing only a placement work.

In spite, however, of the success of these efforts the standard writers on scientific charity at the close of the nineteenth century and the beginning of the twentieth make little mention of the ORIGINS 11

problem of the disabled. It was quite common to refer to "the infirm" in association with "the aged" as the two classes that perhaps should constitute the residuum for which the almshouse was suitable. The first book to give much attention to the problem was Mrs. Alice Willard Solenberger's One Thousand Homeless Men, published in 1911, but based on data collected while the author was secretary of the Central District of the Chicago Bureau of Charities in the years 1900 to 1903. She devotes a chapter to "The Physical Condition of Homeless Men," another to "The Crippled and Maimed," and another to "Industrial Accidents in Relation to Vagrancy." Many of her observations coincide exactly with those of the current civilian rehabilitation work. She noted the size of the problem, expressing surprise at finding that 254 of the thousand homeless men belonged to the handicapped group. She found the most promising cases in one class of 113 who were cripples from birth or from general accident. Of these she lists 49 as "helpable," saying they were readily helped back into positions of self-support. Of the handicapped man in general she says, "Assistance in finding employment, support until employed, removal from lodging house environment, surgical care, and general friendly interest—these are the things he needs." It is evident that the Charity Organization Society, now usually known as the Family Welfare Association, contributed to the rehabilitation movement the case work technique and the ideal of striving to make an independent citizen out of a dependent.

Movement to reclaim crippled children.—The movement to reclaim crippled children as far as possible dates from about the same time as the rise of scientific social work. Its increase in effectiveness has been conditioned by the improvement in orthopedic surgery and therapeutic measures. Institutions which were founded merely for custodial purposes may be disregarded as not in the true line of rehabilitation work. The first American hospital to take up the work appears to have been the Hospital

for the Ruptured and Crippled, opened in New York City in 1863. In 1893 the pioneer school for crippled children, having vocational training as its object, was started in Boston under the name of "The Industrial School for Crippled and Deformed Children." The beginning of public activity on behalf of crippled children dates from the founding of the Minnesota State Hospital for Crippled Children under an act passed by the legislature in 1897. Some years elapsed before provision was made for public school classes for the same group, but by 1914 such a plan was reported in operation in four large cities. The movement in general had grown so that it was considered worthy of a two-year study by the Russell Sage Foundation. The resulting book, Care and Education of Crippled Children in the United States, by Edith Reeves, is the first non-medical work in this country devoted solely to the problem of the disabled. She reported 37 institutions for crippled children as in existence at that time. She devoted a chapter to "Handwork and Vocational Training," reaching the conclusion that a wide variety of pursuits was feasible for the crippled and that a careful study should be made of the field. The seeds of the vocational rehabilitation movement were therefore clearly present in the work for crippled children, as well as interest in and dvelopment of orthopedic and therapeutic treatment.

Spread of workmen's compensation.—The third activity which was responsible for bringing about a systematic rehabilitation work was the movement for workmen's compensation for industrial accidents. This had its origin in Germany in 1884 and soon spread to other European countries. It did not find favor in the United States, however, until much later. In 1911 the first workmen's compensation act in this country was passed, and the idea quickly spread from state to state. In Germany, and to a less extent in some other European countries, workmen's compensation had gradually led to the development of therapeutic measures, and even to vocational readjustment, usu-

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ally placement but sometimes involving training. Although the American states had been slow to take up workmen's compensation they were quick to pass to the second stage of considering rehabilitation. As early as the fore part of 1914 the Massachusetts Industrial Accident Board sent its medical adviser, Dr. F. D. Donoghue, to Germany to study and report on the system in vogue there. In 1914 also the various accident boards formed the International Association of Industrial Accident Boards and Commissions, and from that time on the restoration to efficiency of the industrially disabled was a regular topic of discussion. Rehabilitation, physical and vocational, had become inevitable for the group covered by the compensation laws.

One of the objects of the association was stated to be the standardizing of "means for the re-education of injured workmen and their restoration to industry." At the fourth meeting of the association, held in Boston in August, 1917, the following resolution was adopted: "That a committee of this association be appointed by the incoming president to study the question of the rehabilitation and re-education of cripples from the economic and social side, with particular attention to those crippled through industrial accidents and under the jurisdiction of the several boards and commissions of this association, and that such a committee be requested to correlate existing data on this subject and to present at the next annual meeting of this association a comprehensive scheme on a national basis dealing with the subject." Before the next meeting a national plan had been worked out by others and the association therefore endorsed the measure pending in Congress.

Effect of soldier rehabilitation.—Two other movements had a bearing upon the rise of rehabilitation. One is the movement for the reclamation of disabled service men. It is common opinion that the general rehabilitation work grew out of this special case. That such is not the truth has just been seen. The need brought about by the war did, however, give an impetus to the

other work and hasten by a few years its onset. In European countries the lessons of surgery, functional restoration and vocational readjustment that had already been learned in the workmen's compensation system were immediately applied in saving the human wreckage caused by the war. Similarly in the United States there was a transference of benefits from the medical and therapeutic measures that had been evolved, but on the vocational training side nothing could be borrowed because it was just in its beginnings. A system had first, therefore, to be hurriedly created for the service men, and the extension to the civilian population lagged a short time. It should be clear, however, that the foundation for the movement was already laid.

Growth of vocational education.—The other development which had an influence upon the rehabilitation movement was the rise and growth of vocational education. As a nation-wide movement this did not begin until 1913, when the National Society for the Promotion of Vocational Education was founded. As a system of national scope it dates from 1917, when the Smith-Hughes Act was passed. This had many important provisions for vocational education which were later to prove useful for the purposes of the rehabilitation movement. One was the creation of the Federal Board for Vocational Education. It was in effect a national agency separate from the overburdened and routine-clogged departments, organized to conduct a states-relation service involving matters of vocational education. A second provision was the one which resulted in the designation in each state of state boards for vocational education, thereby bringing into being a corresponding and fairly uniform machinery throughout the country for dealing in each state with vocational education and affairs with such a content. The third important provision was the appropriation of Federal aid to stimulate vocational education in the states. The creation of this machinery and the subsequent enlargement of vocational training work in

the states gave the nation ready at hand a means for establishing a national system to train the war service men and later the civilian handicapped. It came at a fortunate moment for exerting profound influences upon rehabilitation. While not one of the sources it should be credited with stimulating and hastening the founding of the system.

QUESTIONS

- 1. What evidence is there that the unsocial attitude of ancient and medieval peoples towards the physically handicapped still prevails?
- 2. What trace of the notion remains that a "crooked mind exists in a crooked body"?
- 3. Granting the possibility of occasionally worthy almsgiving, how may one be guided wisely in charity of that sort?
- 4. What modern practices suggest that society still looks upon the disabled person as a legitimate beggar?
- 5. How may one account for the apparent neglect of the problem of the disabled by authorities on charity up to recent times?
- 6. Certain phases of the vocational rehabilitation movement were present in the work for crippled children. Why should the reverse not have been true?
- 7. How may one explain whatever relation exists between Vocational Rehabilitation and Workmen's Compensation?

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CHAPTER II

THE FOUNDING OF A NATIONAL SYSTEM

The characteristics of the civilian rehabilitation work in the United States in the present day are three: It is national, both in the sense of being nation-wide in scope and under public auspices; it is inclusive, in that it covers all types of the disabled; and it is comprehensive in that it uses either directly or indirectly every method for accomplishing its end. It is the first time in the history of the world that such a complete plan for the physically handicapped has been undertaken. The explanation for its varied nature probably is to be found in the fact that it was not promoted solely by one particular group or developed in one particular section. Different localities and different interests took up the matter, secured experience, then each borrowed somewhat from the other, and finally the Federal Board for Vocational Education was superposed over all to offer financial aid and advice. The diffusion of helpful ideas was facilitated but a cramping standardization was avoided.

Compensation officials as one source.—In the development of the movement there seem to have been two noteworthy lines which came to full fruition about the same time. The first in point of time was the line which drew its inspiration from the workmen's compensation activities. It has been noted that the international organization of the accident boards from the very beginning showed an interest in rehabilitation. In some states these accident boards are termed industrial commissions and have charge of all public activities for labor. To this is probably due the first public activity for the handicapped, the placement work undertaken in September, 1918, by Wisconsin. In the early part of that year Miss Regina Dolan had conducted a study for the Industrial Commission to determine the possibilities in employment for the handicapped. After the report was submitted, the commission arranged to have her undertake placement of the handicapped as her sole activity with the United States employment service in Milwaukee with which the commission was cooperating. She thus became, so far as known, the first public employee engaged solely in a phase of vocational rehabilitation work. She continued in this work until her death in 1921.

First legislative action.—In June, 1917, prior to the time Miss Dolan had started her investigation of employment for the handicapped, the Minnesota Department of Labor and Industries launched a study to determine what became of the workers who suffered permanent partial disabilities in compensation cases. This study was published as Part IV of the 16th Biennial Report of the Department in 1918. Before the study was completed, however, the first public recognition of the problem by legislation had taken place in Massachusetts where the accident board and its medical adviser, Dr. F. D. Donoghue, had for years been stressing the need. By an act approved May 28, 1918, a division under the direction of the accident board was created for the training and placement of persons incapacitated by industrial accident from earning a livelihood. While the powers given by the act were broad, the appropriation was small and the resulting activity was in the main placement. The division did not begin operations until October, 1918; hence did not actually precede the Wisconsin work.

First training activity.—In September, 1918, when the Minnesota study was filed with the governor of that state, he appointed a commission to gather further data if necessary and recommend suitable measures to the legislature. One of the authors of the present work, who at that time was chief statistician of the De-

¹Bulletin 281, U. S. Bureau of Labor Statistics, p. 123.

partment of Labor and Industries, served as chairman. The commission's report resulted in the first general and immediately effective rehabilitation act of this line applying to all classes of the disabled. It was passed April 23, 1919, and was carried into full operation July 1, of that year. In language it followed closely the Massachusetts Act. The new division created was placed, however, under the state board for vocational education, and the scope was made to cover "persons disabled in industry or otherwise." Training became the chief feature of the work, with placement a subsidiary matter. Physical restoration was not specifically mentioned.

Before the Minnesota act was passed several measures of a more limited nature promoted by the compensation group were enacted in other states in the early months of 1919. These were the North Dakota act of March 5 (Chapter 162), the Nevada act of March 28 (Chapter 182), and the Rhode Island act of April 19 (Chapter 1737). Two of these laws applied only to the industrial accident cases. The North Dakota measure was merely a paragraph in the new workmen's compensation law of that state giving the industrial commission authority "to restore to industry those injured in the course of employment." The Rhode Island act was in the main a sort of tuition allotment measure for industrial cases, although it also made specific provision for artificial members. It seems to have been permitted to remain dormant. The Nevada law did not create an independent state work but merely accepted in advance any Federal aid measure for rehabilitation of disabled civilians that might be passed. Oregon is sometimes erroneously credited with having passed a rehabilitation act, March 4, 1919, but this appears to have been only a provision for physical reconstruction of industrial accident cases, for which it should be remembered Oregon bears the usual insurer's responsibility on account of its monopolistic state fund. The true rehabilitation act of Oregon was not passed until later, becoming effective January 17, 1920.

Others in compensation line.—Two other laws in the work-men's compensation line and also limited to compensation cases were passed after the Minnesota law. The first was that of California, May 2, 1919 (Chapter 183), subsequently declared unconstitutional. It sought to derive the support for the work not from an appropriation, as did the others, but from a payment by employers or insurers in fatal cases where there were no dependents. Before the act was declared void a considerable amount of rehabilitation work had been done under it, chiefly of a placement nature.

The other law is that of Virginia, passed in February, 1920. It placed the administration in the hands of the accident board and introduced a poverty test. There were also limits on the length of the courses. The Oregon law, mentioned above as a 1920 enactment, is outstanding among the compensation measures because of the amount appropriated, \$100,000, a very large sum when the population of the state is considered.

Second source in Institute.—The second line which furthered a national program had its focus in New York City. It consisted of a number of persons who had been interested in various ways in work for cripples and who found their opportunity for organized effort when the Red Cross Institute for Crippled and Disabled Men was started in 1917. The purpose of this institute was to conduct research and make demonstrations in the rehabilitation field which would be a guide when the actual problem of salvaging the disabled soldiers was faced by the nation. The leader in the work was Douglas C. McMurtrie, who had made a great deal of pioneer effort in calling attention to the problem of the handicapped person, young and old. Dr. Edward T. Devine, director of the New York School of Philanthropy and one of the foremost social service exponents in the country, also had a part in shaping the beginnings of the work. The group therefore represents chiefly the social service origin of rehabilitation. The Institute soon became a valuable research and training center. Although the Red Cross withdrew its responsibility and financial support after November 11, 1919, deeming that the special war-time service had been fully rendered, the Institute has continued, merely dropping the name of the organization which first launched it.

Comprehensive statute passed.—Early in 1919 the Institute had decided to attempt to secure a broader and more far-reaching work for the disabled by promoting legislation. A bill was drafted which was accepted substantially in its original form by the New Jersey legislature, becoming Chapter 74, Laws of 1919, passed April 10. It is a comprehensive act, covering nearly all types of the handicapped and permitting all phases of rehabilitation work. It preceded by a few days in enactment the Minnesota law of the compensation line, but does not seem to have gotten into actual operation until 2 October 20, 1919. In practice it has become predominantly a physical restoration act, with considerable placement and very little training. Its merits from the administrative and physical restoration points of view will be discussed later. It has the unique distinction of erecting rehabilitation into a separate branch of the government. This is done through a commission consisting of the commissioners of education, labor, and charities and corrections, and three others. Provision is made for furnishing artificial members at cost, and for giving maintenance during training.

Three other states added.—Successes in other states were soon scored also. In all there are four statutes in this line. The second one was passed by Illinois, June 28, 1919. The administration was given to the Department of Public Welfare, but except for a research nothing was ever done under this enactment. The third law was passed by Pennsylvania, July 18, 1919 (No. 418). It created a bureau of rehabilitation under the department of labor and industry, and restricted the benefits to victims of industrial accident. It began functioning not long afterward

Bulletin 281, U. S. Bureau of Labor Statistics, p. 139.

and is still the basic law of that state. On May 13, 1920, New York passed the last law of this immediate line, Chapter 760. It had many of the provisions of the New Jersey statute, but a number of distinctive ones. The work is under the state board for vocational education but an advisory commission is created consisting of one member from the department of education, one from the state industrial commission, and one from the department of health. The maintenance provision for the first time introduces a plan for special compensation in industrial accident cases. This statute also proved to be a workable one, and still serves as the basis for rehabilitation in New York.

National action mooted.—The tendency toward a national program was now to receive a great impetus through the passage of Federal legislation. For two years this had been in the air. It was first mooted when the Smith-Sears act providing for the rehabilitation of war casualties was pending, but the decision was reached that it was inadvisable to provide for civilians in the same measure because the legislation was temporary in character and the civilian need was a permanent thing. A little later the Smith-Bankhead bill was introduced to set up the desired program. It provided a Federal grant-in-aid for the "promotion of vocational rehabilitation of persons disabled in industry or otherwise and their return to civil employment." It was strongly supported at joint hearings before the committees on education and labor of both houses on December 10, 11 and 12, 1918, and the report of the discussion still makes interesting reading. Among those who spoke in favor of the bill were Dr. R. M. Little, Charles H. Verrill, Dr. C. A. Prosser, Lt. Col. Harry B. Mock, then of the Surgeon-General's office, Samuel Gompers, Frederic W. Keough of the National Association of Manufacturers, John Mitchell, Arthur Holder, and John B. Andrews, secretary of the American Association for Labor Legislation. The bill aroused much interest throughout the country, but press of other legislation prevented its being brought to a vote. The

Association for Labor Legislation in particular conducted an energetic publicity campaign for the measure.

Federal law passed.—When Congress reassembled a shift in political control had taken place, and the bill as re-introduced had Congressman Fess and Senator Kenyon for sponsors. The post-war reaction was setting in, making a repetition of the continuing appropriations of the Vocational Education Act an impossibility. A compromise was accordingly reached on a four-year appropriation. The bill was passed and became a law June 2, 1920.

It carried an appropriation of \$750,000 for the first year and \$1,000,000 for each of the succeeding three years, to be divided among the states in proportion to population, not including territories, outlying possessions, or the District of Columbia. Each state receiving an allotment was required to spend at least an equal amount for the same purpose "the maintenance of vocational rehabilitation of disabled persons and their return to civil employment," and if any balance was not so matched it reverted to the Federal government. The administration was placed in the hands of the Federal Board for Vocational Education, a body which had been originally set up to further vocational education in the states through a like plan of matched funds, and was also given the rehabilitation of service men at the outset. Co-operating with the Federal Board in the states were bodies designated as state boards for vocational education. These were accordingly utilized in the new activity and it was provided that the funds distributed for rehabilitation should be under their supervision and control.

Requirements of states.—Before any state could receive the benefits of the act it was required to pass an act of acceptance or through the governor issue a proclamation of acceptance pending a legislative session, designate the state treasurer as custodian of the money and the state board for vocational education as the co-operating body, and receive approval from the

Federal Board on its proposed plan for conducting the work. An additional requirement in states which had workmen's compensation laws was a plan of co-operation between the state board for vocational education and the department administering the compensation act, to be approved by the governor. This was evidently to insure an articulation with the industrial accident work and to answer the criticism that the new activity belonged under the accident board.

Act contemplates training.—In the main the act conceives of rehabilitation in terms of training. This is manifest from the designation of the Vocational Board as the administrative body, as well as from the frequent use of such terms as "special training," "courses," "methods of instruction," "qualifications of teachers," "plans for the training of teachers," etc. Nevertheless placement is specifically mentioned as coming within the scope. No reference is made, however, to physical restoration. It is true this would come within the very broad definition of "rehabilitation" in section 2, but the intent in the remainder of the act is so obvious that, despite the latitude given the Federal Board to make rules and regulations, it has never felt warranted in construing the act to cover expenditures for such purposes.

Liberal definitions.—The definitions in section 2 are interesting not only because of their liberality but because they are the only trace in the act of the influence of the second, or social service, line of rehabilitation legislation. They are found also in several of these early state acts. The section is brief: "That for the purpose of this act the term 'persons disabled' shall be construed to mean any person who, by reason of a physical defect or infirmity, whether congenital or acquired by accident, disease, or injury, is, or may be expected to be, totally or partially incapacitated for remunerative occupation; the term 'rehabilitation' shall be construed to mean the rendering of a person disabled fit to engage in a remunerative occupation." Because

of their inclusion in the Federal act these definitions were widely copied in subsequent state acts, and thus the eligibility side and the scope of rehabilitation were given a very broad tendency.

In the main the act shows indebtedness in language and ideas to the earlier Vocational Education law, the so-called Smith-Hughes Act. This is understandable when it is known that some of the same persons had a hand in its framing. The workmen's compensation line of rehabilitation had no influence on the language except in so far as it inspired the passage providing for co-operation with the state compensation activity noted above.

Advisory service created.—One other provision in the act is of great importance. It is contained in section 6. Not only does the act provide grants-in-aid for the states, but it sets up what should eventually be even more valuable, a national advisory service. The mere administration of the act would not call for much incidental outlay or personnel. The section mentioned, however, grants an appropriation for making studies, investigations, and reports on vocational rehabilitation. By this means the states received guidance in starting and in conducting the work. The subsidy may be of diminishing usefulness because in time the states may develop financial support from their own resources commensurate with their respective problems, but the advisory service will be of increasing value in furnishing an accepted authoritative way of collecting and interchanging information, and in encouraging aspiration toward higher standards.

System without precedent.—Well might a recent writer say: "This legislation of the United States for far-sighted wisdom and liberality has not been surpassed. . . . It contemplates that the Laissez-faire policy of the government concerning cripples shall be definitely abandoned, and a constructive effort made to place them on a self-supporting basis. Followed out a few years, it is probable that this law will show such constructive results that

⁸John L. Gillin, Poverty and Dependency, p. 435.

every state in the Union will accept it, and thus we shall have a nation-wide attempt to rehabilitate the injured person, rather than leave him to the mercies of a dole-giving public."

It should be noted that no other country has set up a civilian rehabilitation system that is distinctly national nor one that takes in all types of the disabled. Prior to the World War the system that was conceded to be superior was that found in Germany. This, however, was not directly under national control. but was an appendage of the industrial accident insurance funds. and was limited to the equivalent of the American compensation cases. Its chief efforts were in medical and replacement directions. No other country had anything approaching it in efficiency. But it was not comparable in comprehensiveness or in recognition of public duty with the system since initiated in the United States. This must be emphasized because the statement based on quotations from earlier writings is sometimes met that rehabilitation is much better done in other countries. Such appraisals have been rendered obsolete by the passage of the Federal Act and the ensuing development.

Rapid spread of work secured.—As a scheme designed to secure the early spread of rehabilitation throughout the country the Federal law was a marked success. By the close of three years thirty-six states had accepted the benefits of the act and had begun operations. Among these states were nearly all of those that had enacted prior legislation. The most common state rehabilitation law was a mere acceptance act which committed the state to matching Federal funds but did not found a continuing activity. A number of the states did, however, pass thoroughgoing enabling legislation not dependent on the existence of Federal funds. The time soon came when all realized the blunder of the first course and there has been a marked disposition to change it.

Federal aid renewed.—The Federal law was general in its terms, but the appropriation was limited to four years. As had

been foreseen, this proved to be entirely too brief to get the work started throughout the country and placed upon a secure footing. A campaign was accordingly launched to have the act renewed for another period. So far had altruistic sentiment ebbed by this time under the insistent pressure for retrenchment that much more difficulty was encountered in getting a new enabling act passed. When it finally was enacted it had been trimmed to cover a three-year period, with a possibility that a legal ruling would hold a doubtful clause to warrant a six-year period. It did not carry the appropriation with it.

By a trick of fate the appropriation was in a bill which became the object of a filibuster due to a dispute between two western states and could not be brought to a vote in the closing hours of the session. Although the faith of the nation was pledged to providing the money and action by Congress in December was all but certain, many of the state rehabilitation services found themselves in desperate straits. It was at this time that the acceptance laws which did not create an independent state service disclosed their weakness. Much ingenuity was used to tide over the gap, but the work in many places had to be curtailed. When Congress met again the appropriation was promptly made. The incident illustrated vividly the harmfulness of a short-sighted policy, short-sightedness in the original measure, in the hesitating renewal of it, and in the timorous commitment to it by some of the states.

Remarkable record of achievement.—Nevertheless, except for the doubt of permanency caused by the tentative time limitations set by Congress, the achievement has been a remarkable one. In a period of a very few years rehabilitation has been written into the public policy of the great majority of the states and the Federal government. The tradition of ages that the disabled are worthless has been discarded.

Nor has vocational rehabilitation been the only phase to receive impetus. Although almost all of the laws were restricted

to vocational rehabilitation, the agencies usually found that they needed a physical rehabilitation system to articulate with theirs. They have set about promoting, organizing, or stimulating such activities. They have also found that supplementary legislation or changes in public policy were required. They set about securing such things. They fostered amendments to compensation acts providing for increased medical service, for artificial members, for special compensation during training, for eliminating discrimination due to second injury hazards, and the like. They sought maintenance for the non-compensation cases, and better reporting of disabilities. They effected co-ordination with other departments that were doing work for special classes of the hand-These developments will be discussed later in their appropriate places. It needs only to be reiterated here that the United States has embarked upon the most far-reaching program for the handicapped ever undertaken in human history, and that the efforts cannot be measured by any official statistics on the number rehabilitated each year.

Numbers of the disabled.—What was the exact situation with which the new program proposed to deal? In other words, about how many persons were there in the country at that time who were vocationally handicapped by reason of a physical disability, and how many were being added to the number annually by the same causes? An effort was made at the time the bill was pending in Congress to put forward a reliable estimate on both these points, and several attempts have been made since that time, but entirely trustworthy figures are still lacking. Americans prate a great deal about statistics, and are prone to use them quite recklessly, but when it comes to maintaining adequate statistical services through their national and state governments no civilized people are more reluctant. Hence it is that on so many subjects on which there should be reliable data dependence must be placed upon what are at best conscientious and well-intentioned guesses.

In connection with disabled persons the difficulty is twofold: first, that there has been no accurate reporting of disabilities even by accident, to say nothing of the congenital and disease cases; second, that there is as yet no basis for determining how many of the disabled are vocationally handicapped.

Problem amazingly large.—So much for the negative side of the subject. On the other hand, it may be stated positively that enough is definitely known to warrant the conclusion that the problem of vocational handicap by physical disability in the United States is an amazingly large one. An index can be secured of it in various ways, and each such trial brings out figures of such size as to appall the average easy-living citizen who has not happened to bring into his line of vision many of the evidences of the disadvantages and downright misery of others.

The starting point for most estimates has been the accident statistics of industrial commissions in the various states. These deal with the accidents under the compensation laws only, and the basis varies from state to state. In addition, only a limited number of the states make an accurate study of such important information as this. However, when the data so reported are corrected so as to be on a uniform basis, and then projected over the country, a fairly reliable figure is reached. After this, some estimate of all the other industrial accidents must be made, and then an estimate of all accidents other than industrial. Finally an estimate must be attempted of all the persons disabled by congenital condition and by disease. For none of these things, except the compensation accidents, can very definite data be secured.

Estimate by Mr. Verrill.—At the first hearing on the Smith-Bankhead bill Charles H. Verrill, a member of the United States Employees Compensation Commission and one of the most conservative and trustworthy statisticians in the country, presented an estimate which was confined to the industrial cases only. He

said: 4 "We first convinced ourselves that the number of fatalities for the entire country is 22,500. We discovered the relation of the loss of arms to that, and we got this result:

Loss of arm. Loss of hand. Loss of leg or foot. Loss of eye or of sight.	.1,310 1,600
Loss of 50 per cent or more: Arm Hand Leg	3.000
Foot Eye	540
Total of the two classes	13,925

"We may say then, that approximately 14,000 permanent disabilities of the kind described occur among American wage earners each year. As those disabled are on the average between 30 and 33 years of age, we may reasonably assume that on the average these industrial cripples may continue to be wage earners for a period of 20 years. That is very conservative, I think. If this assumption is correct, it follows that the number of such industrial cripples existing at the present time in the United States who might be wage earners is approximately 280,000.

"This estimate, you will notice, is limited to a few well-defined but important classes. There would certainly be a considerable number disabled by injuries other than those described here who would be equally handicapped if they desired to return to work as industrial wage earners. It is hardly necessary to enumerate these classes, although perhaps one ought to refer to the very great number of wage earners disabled each year from tuberculosis, a disability which perhaps in most cases cannot be related directly to well-defined conditions in the employment."

Inferences from industrial accidents.—Mr. Verrill also cited as substantially correct an estimate that there were about 5 2,000,000

⁴Joint Hearings, Committees on Education and Labor, 65th Congress, Second Session, on S. 4922, Govt. Printing Office, p. 16.

⁵ *Ibid.*, p. 17.

disabling industrial accidents per year. If this were accepted, and there is every reason to do so, then according to the standard accident table there should be included in these 95,320 dismemberments and impairments as well as 2,200 permanent total disabilities. Of the 95,320 probably only half, or 47,660, could be considered as serious handicaps, indicating a total of 49,860 handicapping injuries annually arising out of employment alone. The relation of the industrial to the non-industrial injuries has been variously estimated. Perhaps the most reliable assumption would be that the relation is the same as that shown between industrial and other fatalities in the Metropolitan Life Insurance study, and an another fatalities in the Metropolitan Life Insurance study, and is the case, then the total number of seriously handicapping injuries in one year would be 178,071.

Comparison with war casualties.—Another estimate which has been made and which is entitled to much confidence is sponsored by T. Norman Dean, statistician of the Workmen's Compensation Board of Ontario. Mr. Dean was one of the pioneer advocates of rehabilitation by government action. At two succeeding sessions of the International Association of Accident Boards in 1917 and 1918, he pleaded and argued in stirring phrases for early action on behalf of the industrial cripple. In 1917 he made this striking comparison with war casualties:

"To assemble the exact figures of synchronizing European and American accident data is a task beside which the Herculean labor of renovating the Augean stables was a positive sinecure, European statistics, as far as comparable values go, being in much the same fragmentary and chaotic state as are American figures. Therefore, let the following assumptions be qualified:

"1. The annual industrial death roll of the now belligerent countries is 100,000.

⁶Louis I. Dublin, Mortality Statistics of Insured Wage Earners and their Families, Metropolitan Life Insurance Co., p. 129.

Bulletin 248, U. S. Bureau of Labor Statistics, p. 180.

"2. Death frequency is 2 in each 100 accidents.

"The annual toll is 5,000,000 industrial accidents. Halve this estimate, if you will; quarter it, you who will; and the figure is 1,250,000.

"The greatest horror of the present European struggle is in the appalling casualty lists. In that alone war has passed beyond the conception of man. But conjure, if you can, one such war in each generation of 30 years. The total number of industrial casualties for a century exceeds three times the total number of men engaged in the three wars of that century, the total being 125,000,000, and that a 75% discount of a conservative estimate carefully calculated from existent data. If this war be Armageddon, then our industrial Moloch has squatted on the hills surrounding the Valley of Jael."

In his 1918 paper he presented the results of a calculation as to the actual number of existing cases of vocationally handicapped workers: 8

"It does not seem possible to hazard an estimate of the number of cripples, irrespective of cause, in the United States, yet to convey concretely the magnitude of the problem an attempt has been made to deduce, conservatively, the number of industrial cripples. Without delineating the bases and various assumptions made, or the intricacies of statistical calculation, the figure, shorn bald of all qualifications, is 2,122,000, of whom 600,000 have been so incapacitated as to be rendered occupationally useless."

Figures adopted by Federal Board.—The figure finally adopted by the Federal Board as representing the probable measure of the situation was very conservative, perhaps unduly conservative, in view of the foregoing considerations from accident data and also in view of the undoubtedly large numbers of persons impaired by disease. The official conclusion was thus set forth by Miss Tracy Copp in a paper read at the Round Table on Rehabilitation at the National Conference of Social Work,

Bulletin 264, U. S. Bureau of Labor Statistics, p. 201.

Toronto, in 1924: 9 "It was necessary for the Federal Board to estimate the size of the undertaking by studies of accident statistics. Although it was difficult to make accurate estimates of the size of the problem throughout the nation, available accident statistics indicate that each year 180,000 persons suffer permanent physical disabilities from public and industrial accidents. Those disabled from the effects of disease or congenital condition are not included. These probably would raise the total to 225,000 per year. Of course, not all of the 225,000 disabled persons have vocational handicaps. No body of statistics has yet been developed that would determine what percentage of the 225,000 become vocationally handicapped each year because of their physical disabilities. However, information at hand seems to indicate that at least 50% of the group are vocationally handicapped. This makes 112,000 each year. Experience has shown, however, that not all need the assistance of the state rehabilitation service. Fortunately some are able to rehabilitate themselves, others are helped in some way by employer, family, friends, or agencies not identified with the state services. Others, on the other hand, because of age, nature of disability, and other causes are not susceptible of rehabilitation. A fair deduction on account of those who are not susceptible of rehabilitation and of those who do not need assistance out of public funds would appear to be 25%.

"The problem then becomes one of rehabilitating annually 84,000 persons disabled vocationally and in need of rehabilitation."

As pointed out before one thing stands out clearly in all the discussions of the size of the problem, namely, that it is much greater than the ordinary person realizes and that it calls urgently for remedial action. The situation has been analyzed, the program has been formulated, a demonstration has been made, only the day of full achievement still waits.

^{*}Hospital Social Service, Vol. X, p. 276.

QUESTIONS

- 1. Why should placement have antedated training in the early phases of the vocational rehabilitation movement?
- 2. Why should the earlier legislation on vocational rehabilitation have stressed the workmen's compensation feature?
- 3. Discuss the soundness of "erecting rehabilitation into a separate branch of the government," as in the case of the New Jersey statute.
- 4. What evidence seems to support the contention that "in the main the act (rehabilitation) conceives of rehabilitation in terms of training"?
- 5. Justify the statement that "the United States has embarked upon the most far-reaching program for the handicapped ever undertaken in human history."
- 6. Granted that reliable data may be obtained, what ramifications of the rehabilitation problem appear upon the analysis of such data?

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Federal Board for Vocational Education. Bulletin No. 57, Industrial Rehabilitation Series No. 1. "A Statement of Policies to be Observed in the Administration of the Industrial Rehabilitation Act," 1920.

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The status of rehabilitation work in September, 1920, is clearly shown in papers by Chester E. Gleason, Elmer E. Shunk, Will T. Kirk, Lewis T. Bryant, Oscar M. Sullivan and Layton S. Hawkins.



PART II PHYSICAL RESTORATION OF THE DISABLED



CHAPTER III

PHYSICAL RESTORATION IN GENERAL

It is evident that there are two general ways by which a disabled person might be rehabilitated. One would consist in removing the physical disability which causes the handicap, if such is possible. The other would be to make the disabled person a sound economic unit notwithstanding the handicap. The first is usually called physical restoration or physical rehabilitation. The second is what is known as vocational rehabilitation. The respective fields of the two methods would appear to be quite clear. No one in his senses would think of advising vocational rehabilitation when physical restoration is possible. Just as obviously there are cases where physical restoration is quite out of the question and the only recourse is vocational rehabilitation. "Remove the handicap, if possible; if not, train around the handicap," has been the slogan of public rehabilitation agencies from the start in this country. These considerations are so elementary as hardly to seem worth stating; yet it is necessary to emphasize them because controversial writers and speakers have occasionally given the impression that the two methods represented two schools of rehabilitation, that one represented an alternative to the other, and that there was some sort of antagonism between them. A survey of the field will bring out that they are closely interrelated and complementary activities.

Physical restoration defined.—Physical restoration is clearly the first thing to be considered in dealing with the problem of a disabled person, child or adult. It may be defined as including all measures that make for the return of the body of a disabled person to an efficient condition. A good statement of the field is made by Dr. Harry B. Mock: 1 "By physical reconstruction is meant the continued and complete medical and surgical treatment until the greatest possible restoration of the disabled parts has been secured. Functional re-education consists of various methods to restore function in a disabled part, or to train other members to new work, or to teach the amputated cases the use of artificial appliances. In other words, it is combining with our surgical procedure, which aims at his physical repair, certain other therapeutic measures which will help the patient to functionally overcome his handicap. Occupational therapy is the use of some form of work which will bring into action certain muscles and members of the body thus assisting in their functional restoration, or which will keep the mind and body busy during the long period of convalescence and thus prevent hospitalization and habits of idleness." To this should be added that not only training in the use of artificial members but the providing of these in themselves comes within the field. Another addition that should be made to the list consists of the measures, whether psychiatric or other, intended to restore morale. This is true, whether the nervous and mental condition back of the loss of morale is the chief handicap or only an incidental one. It should also be remembered that not only care and treatment in hospitals is included but also sanatorium care, as in tuberculous cases.

The magnitude of the field then becomes apparent. The vast amount of work being done along these lines is a matter of common knowledge. It is clear that the field is not a very homogeneous one, and that almost the only characteristic that the various phases have in common besides relating to physical upbuilding is that they require expert medical direction.

¹ Harry B. Mock, Industrial Medicine and Surgery, p. 776.

Two aspects of physical care.—What are the possibilities of physical restoration and what are its limitations? In the first place it must be pointed out that the subject has two aspects. They may be called the preventive and restorative sides. It seems to be the unanimous opinion of the leaders in medical science that if all the best methods of treatment that are now known could be made generally available, a vast reduction could be made in the number of persons added each year to the ranks of the disabled. This if done at the proper time would not be rehabilitation strictly speaking, but the prevention of the conditions that make rehabilitation necessary. It is of course even more desirable socially, if possible, than rehabilitation. How much can be done in the way of reclaiming physically the victims of accident and disease who have had inadequate or improper care is not stated so definitely by the medical experts, but that there are large possibilities here too is a reasonable conclusion. In practice the two aspects merge into each other and present almost identical problems.

Possibilities in prevention and cure.—In support of the possibilities for cutting down the output of disabled persons may be cited ² Dr. H. Winnette Orr, Superintendent of the Nebraska Orthopedic Hospital: "Orthopedic or reconstruction surgery in this country is still very poorly done. We have still many thousands of children and industrial workers who are crippled, deformed, and physically handicapped because of inadequate medical and surgical attention. There are as yet insufficient hospitals. We lack special training schools for selected vocations for the crippled, and there is even now no real public or even professional conception of what may be done in the prevention and cure of deformity, the relief of disability, and the retraining of the physically handicapped.

² H. Winnette Orr, "Fundamental Principles of Orthopedic Reconstruction and Industrial Surgery," pamphlet, p. 5.

"To illustrate: If only the splinting of fractures and infantile paralysis were promptly and properly done in the United States, the total amount of crippling and serious disability would be reduced by about 10%. Or if suitable measures were appreciated and encouraged by physicians to prevent and relieve foot strain, foot pronation and acquired foot deformities, another 15 or 20% of our partially or totally disabled workers could be made more comfortable and more efficient."

Dr. Morton R. Gibbons, medical director of the Industrial Accident Commission of California, writes in similar vein; 3 "Poor surgery is not always attributable to poor surgeons. A fault of some most skillful surgeons is impatience. The recent army experience has taught a telling lesson. Patient application of physiotherapy will often effect a practical cure where radical surgery would have destroyed all chances of anything but a makeshift." He also refers to the failure to follow up in order to secure restoration of function after injury. "This is a very important point indeed, and it has been grossly neglected. The surgeon has contented himself largely with seeing the bones unite and the tissues heal in proper contour. In spite of the lessons of the textbook he has allowed the function, to a large extent, to come of its own accord. He has not followed up his work in that particular, which is just as much a part of his work as the actual setting of an original fracture. Apparently, surgeons of the United States have been behind those of older countries in this matter. The last five years, however, have firmly established the system upon a basis which will prevent its ever again being ignored. The object lesson provided by our own Army and Navy should be taken to heart by every surgeon who attempts to do industrial accident surgery or any other kind of surgery. Surgeons of high attainment who ought to be thoroughly familiar with this thing, but who have not been in the army, are still in the dark and somewhat resistant."

^{*}Bulletin No. 273, U. S. Bureau of Labor Statistics, p. 289.

Lessons from World War experience.—Dr. Orr 4 enumerates several lessons that orthopedic surgery learned as a result of experience in the World War. Adequate first aid treatment would, he says, prevent much disability and deformity. He instances the saving of life and limb that was accomplished by the application of the Thomas splint in compound injuries of the femur by splint teams on the battlefield and believes the results achieved should be sufficient reason for placing Thomas splints and splint teams at every point in America where such accidents are likely to occur. He also cites the Carrel-Dakin treatment of infected wounds. Another lesson he emphasizes is curative occupations. He concludes by making a strong point for expert supervision of treatment. "It is my belief," he says, "that a consultant in orthopedic surgery with correct ideas regarding the prevention of deformity could contribute to the welfare of many patients, to the improvement of their condition, and to the prevention of some deformity, in most of the hospitals in this country." He recalls that in the army hospitals at times a single visit by the consultant with a tape measure to a femur fracture ward resulted in correction of deformity, lengthening of shortened limbs, and the improvement of the condition of twenty or thirty patients in a single day.

Value of using X-ray.—All of the authorities stress the importance of the use of the X-ray in securing correct results. Thus Dr. John W. Trask, medical director of the U. S. Employees Compensation Commission, says in speaking of the policy of his commission: 6 "Bone and joint injuries will be cared for only by surgeons with training and experience in such injuries, or they will be under the care of competent and experienced orthopedic surgeons; and in this day X-ray control of such injuries is a necessity. Adequate X-ray control is an

Orr, op. cit., p. 5 seq.

⁵ Ibid., p. 9.

⁶ Bulletin 273, U. S. Bureau of Labor Statistics, p. 280.

economy in bone injuries and in suspected bone injuries. The competent surgeon will insist upon it if available." Dr. Mock expresses himself to the same effect. He declares that every fracture should be X-rayed before and after it is "set" and always from two or more different angles. This is often neglected, he says, because of the expense attached to the procedure, but one case of faulty functional result in his opinion is more expensive than X-raying every fracture case for a year. "The reduction and coaptation of many broken bones," he continues, "can be facilitated by the use of the fluoroscope. Every industry where a fair number of fractures occur among the employees should have a surgical dispensary equipped with an X-ray apparatus."

Greater use of physiotherapy suggested.—Dr. Mock makes an especially strong argument for the greater use of physiotherapy. Such things as massage, hydrotherapy and electrotherapy have been neglected in the past, he says, but their value was so clearly demonstrated in the treatment of disabled soldiers that there must be a change in this respect.8 "The use of massage, electricity and the various forms of hydrotherapy as definite therapeutic methods have been known for years but these excellent means have been left chiefly to a few enthusiasts in the profession or have been relegated to the realms of quackdom. Many a surgeon has been chagrined by having a patient over whom he has labored for months, seek relief at the hands of some osteopath, or other type or physiotherapist, and return to him completely cured in the course of a month. The reason for this is that the surgeon has depended entirely on the old classical lines of treatment taught him in the medical school and failed to take advantage of some of these most excellent methods used by the other men. Instead of condemning these therapeutic measures because they are used chiefly by the so-

Mock, op. cit., p. 598.

^{*} Ibid., p. 550.

called quack, we should condemn those practitioners who claim a cure-all by these means."

Numerous authorities such as Mock, Orr, Albee and Gibbons lay emphasis on the value of occupational therapy, but this subject is of such consequence in its relation to rehabilitation that it will be treated in a separate chapter.

Use of the bone-graft.—Among the new methods which have received attention in connection with rehabilitation surgery is the bone-graft. Dr. Fred H. Albee, chairman of the New Jersey Rehabilitation Commission, and an internationally known authority on many phases of surgery, has been an especial exponent of its possibilities. It is also given a prominent, though more conservative place by Dr. Mock. Dr. Albee's summary of the value of the bone-graft is as follows: 9

"The bone-graft is a trustworthy surgical agent, as proved by the author's uniform success in its use in over 1600 surgical cases; also by a careful study of the results, in animal experimentation, microscopical, macroscopical, and radiological, even in the occasional instances where primary union was marred by mild sepsis. The field of usefulness of the cortical graft is distinctly enhanced because of its resistance to tuberculous and attenuated pyogenic infection. Its field is also enlarged by the employment of motor-driven instruments—circular saws of different sizes, the adjustable twin saws, and the lathe or dowel instrument with different adjustments for making, as conditions demand, various sizes of bone-graft inlays, nails, or spikes. By the use of this motor outfit and its products, in conjunction with kangaroo tendon, the author has been able during the past six years to avoid entirely the use of metal in the form of screws, nails, Lane's plates, wire, etc., for internal bone fixation purposes. This had been made possible, largely, by utilizing the best of well-known mechanical devices hitherto rarely, if at all, used in surgery—such as bone inlays, wedges,

Fred H. Albee, Orthopedic and Reconstruction Surgery, p. 160.

dowels, tongue-and-groove joints, mortised and dovetailed joints.

"The importance of adequate fixation cannot be too strongly emphasized. The position of 'neutral muscle-pull' has also been of the greatest service in every case."

The purposes for which he considers the bone graft most useful are: 10

- 1. To immobilize and stimulate osteogenesis in certain tuberculous joints.
 - 2. To repair traumatic bone injuries.
 - 3. To replace bone destroyed by infection.
 - 4. To supply bone congenitally absent.
- 5. To strengthen or replace bone weakened or destroyed by benign or malignant growths.
 - 6. To correct congenital or acquired deformities of the face.
- 7. To establish joints congenitally absent and restore those destroyed by disease.
- 8. To fix in place certain dislocated joints (acquired or congenital).
 - 9. To close bone foramina in neuralgias.
- 10. To correct congenital or acquired deformities of extremities or trunk.

Dr. Albee gives numerous histories of successful use of the bone-graft, and presents a series of illustrations. Among the cases in which he effected a complete restoration were one where there had been a loss of four inches from the central portion of the humerus and a tibial bone-graft 9 inches in length was implanted, and one where there had been a loss of one and a half inches from the shaft of the tibia and a bone-graft likewise filled the gap. He also describes a case in which it was necessary to replace the lower jaw with a bone-graft from the ilium, and another in which there had been a loss of four fingers and adjoining metacarpal bones and he grafted a stationary finger so the thumb would have an opposing surface.

¹⁰ Op. cit., p. 159.

Neurotic aspects of injury cases.—Instances of impaired morale among injured workers are very common, but they grade so imperceptibly into the purely mental case that there has been a tendency to exclude this aspect from consideration in a program for rehabilitation of physical disabilities. However, the very fact that the condition is present so often and that it is frequently the chief obstacle to economic recovery, would warrant attention to it. Thus far the best suggestions have been made by the medical advisers of some of the industrial accident boards. Dr. F. D. Donoghue, of the Massachusetts Board, warns against considering such cases as mere malingerers. He says: 11 "The community is full of a large number of people who are hanging on by the skin of their mental teeth, who are potentially and oftentimes really cases of dementia præcox, but who are able to sustain the ordinary burdens of life up to a certain point of stress and then become the pronounced psychotic. The difficulty in handling those cases which proceed from a mental basis, arises primarily from lack of proper classification which is due to inexact diagnosis. It may seem trivial to say that it is frequently difficult to diagnose a functional nervous condition. Call it what you will, but the fact is that the treatment of these nervous conditions which shade off into each other and resemble each other so closely is so radically different that the success of treating the group depends upon the proper treatment of each component part. As regards the subdivision of the class, a good working classification of these cases—call them what you will—is: hysteria after injury; psychasthenia after injury; depressed states and melancholia after injury; paranoiacs; and querulents."

After the diagnosis has been made by an expert, he maintains there comes into the case psychologic or physiologic evaluation. "As the geologists have a scale of hardness, there may be an e.v.i. scale, the measured index of the individual's will to work—

¹¹ Bulletin 273, Bureau of Labor Statistics, p. 275.

ergo volitional index—numbers from 1 to 10; 10 the downright malingerer, and all others being on the basis of our hysterias and psychasthenics, lacking ability to get a grip on themselves for purposes of recovery from injury and return to work. Having gotten that, your course is changed as to whether you have the functionally injured or the organically injured. . . . In the case of the functionally injured, such a case should be examined as to its e.v.i., its emotional stability, its abulia (index of will power, facilitated or diminished mode of release), and then put in its proper therapeutic channel according to the last stated factors and its medical diagnosis."

Old cases amenable also.—Many of the methods discussed above are practicable and effective in connection with old disabilities, the true rehabilitation cases, as well as with the group that has been called preventive. Dr. Orr states 12 that well conceived and well executed surgical and therapeutic procedures can do wonders, especially in crippled hands and arms apparently far gone in deformity and disability. Patients with stiff wrists after a compound injury below the elbow have too often, he says, been advised "to let well enough alone" and "educate past the handicap" rather than to adopt well demonstrated methods of physical reconstruction for the correction or reduction of the impairment.

He also holds that excellent results can be secured in reducing serious disabilities that affect the lower extremities. "For some years," he says, "it has been a common saying of mine that the time of election for the adjustment of any fracture of the lower extremity is the same day it is seen by a competent surgeon—quite regardless of the date of the injury—whether a few hours or several years before. I think this perfectly true,

¹³ Bulletin 93, Federal Board for Vocational Education, Civilian Rehabilitation Series 8, p. 80 seq.

¹³ Ibid., p. 81.

although most people and even some surgeons will strenuously advise against having a bone 'broken over again.' Within a few weeks I have had a letter from the medical director of a corporation of some importance saying that such a correction which I proposed was 'useless and dangerous.' This was in a man who had a serious leg deformity and disability after being treated for nearly a year, all the time with an unrecognized fracture at the lower end of the femur. With but few exceptions all malunited and shortened lower extremities after fractures in men under middle age can and should be corrected, and a tremendous amount of disability relieved thereby."

Much the same position is taken by Dr. Willis C. Campbell of Memphis, Tennessee. He deplores the impression that very little can be accomplished by surgery after childhood has passed. All cases should be treated in early life, he says, 14 but in many instances the matured adult on account of having attained full growth of bones and soft structures has the advantage over the growing child.

Some advantages in adult period.—"Operations in adults," he says, "can be definitely planned, without considering the growth element and with a more definite certainty of the result, which usually is permanent, without as much chance of recurrence as in the child." He points out, too, that the adult can usually be relied upon to give co-operation in mental and physical restoration. This he illustrates by citing the results secured in the treatment of stiff joints when the bones had been completely fused across the joint space, and an operation was necessary to remodel the entire joint and to transplant a new lining, so that the joint surfaces would glide smoothly as do normal joints. "Several years ago," he states, "motion in these joints, after operation, could not be secured without a prolonged after-treat-

¹⁴ Bulletin 93, Federal Board for Vocational Education, Civilian Rehabilitation Series 8, p. 91.

ment by a physiotherapeutist (medical gymnast) over a period of many months. A large number of such cases could not be kept in the wards of the general hospital for so long a time, even if expert physiotherapy was afforded. Consequently a simple sling and pulley apparatus attached to the bed was devised and the patient given instructions in the daily movements and muscle exercises. As soon as the patient could be discharged the apparatus was taken to the home. The after treatment was entirely in the hands of the patient. Much to our surprise, my colleagues and I found that the results so obtained compared favorably with those of our probate patients, who had the most expert physiotherapy."

Psychic stimulus from improvement.—That there is an upper limit to the age when co-operation may be expected he indicates by urging that attention first be given to the young adult between the ages of 16 and 30, though not ruling out the possibility of securing an excellent result at a more advanced age. With the older ones the mind is not as receptive and the desired co-operation in after-treatment is more difficult to secure.

Dr. Orr makes the positive statement ¹⁵ that there are very few even of the serious deformities but that can be materially improved, or disabilities but that can be reduced. He gives an additional reason for attempting such improvement, pointing out that from the standpoint of rehabilitation it is of the greatest importance to remember that even a partial physical restoration is extremely beneficial. "Slight improvement in a patient's condition," he says, "will often serve as a psychic stimulus that will start him on the road to industrial and social rehabilitation."

Illustrations of physical restoration.—Stories of actual accomplishments in effecting reductions of physical disabilities convey more vividly and impressively the possibilities than any discussions of technique. A few are therefore presented here.

¹⁵ Bulletin 93, p. 84.

Marlow B. Perrin, supervisor of civilian rehabilitation in Ohio, reports as a typical instance a young man of 23 who had lost all movement in both hips as a result of severe septic arthritis at the age of 16. A training program was undertaken, but at the same time the chance of physical reconstruction was not overlooked. A favorable opinion as to operative possibilities having finally been obtained from a prominent orthopedic surgeon, the rehabilitation service set about raising by private subscription the \$700 required for the hospital expenses. This was secured without much difficulty. Treatment was then begun and at length the surgeon chiseled out new hip joints on both sides by an operation known as arthroplasty. The young man recovered to such an extent that he can get about with the use of only one cane.

Several other good instances are narrated in a bulletin of the Virginia Bureau of Industrial Rehabilitation. Chief among them is that of a young man who in 1920 had fractured his right leg midway between the knee and the ankle. He had undergone five operations, none of which had been successful; the bone refused to knit and formed what is known as a false joint. He was unable to walk without a crutch. The Bureau arranged for orthopedic treatment in a hospital, which resulted in a good union. The man now walks naturally, climbs ladders and can follow his old trade of painter.

In Wisconsin a noteworthy example also due to the initiative of the rehabilitation agency was that of a young woman who had a very bad case of club feet. She was employed as a stenographer but her advancement was hindered by her difficulty in getting about and by the unsightliness of the crippled members. The rehabilitation agency arranged for her treatment at the State General Hospital under the very serviceable Wisconsin statute which will be discussed in Chapter V. After several

¹⁶ A Helping Hand for the Handicapped. State Bureau of Industrial Rehabilitation, Richmond, Va., p. 12 seq. (1925 edition).

operations and a hospital period of seven months the young woman was discharged, happy in having an absolutely normal pair of feet and in being freed from a physical, social and vocational handicap.

A very striking case is described by Joseph A. Parks of the Massachusetts Industrial Accident Board. He said, 17 "There was the case of William M—, who was struck by a street derrick, knocked down and pinned to the ground. X-ray showed a crushing fracture of the second lumbar vertebra, with dislocation forward of the first lumbar vertebra upon the second, also fracture of the transverse processes of the third lumbar vertebra on the left side. The lower portions of the employee's body were paralyzed and his case appeared to be a hopeless one. Finally, a surgeon was appointed to study the case. Following his study an operation was performed, consisting in the removal of a quarter-inch wedge of bone from the anterior portion of the tibia about eight inches in length, which was inserted into the split spinous processes of the eleventh, twelfth and four upper lumbar vertebræ (Albee technique). quently, the man left his bed and walked around with the aid of crutches. Later he used a cane and finally, after a remarkable convalescence, was able to walk without that help. I kept track of the case and found that the employee returned to his work within a year after the accident. His ability as a workman was later recognized and he was made a foreman and subsequently superintendent of a construction gang, with materially increased wages."

Limitations of physical restoration.—Such is the vision of the possibilities of physical restoration presented by leaders in their respective fields of such eminence that their word cannot be doubted. It truly calls for a vast and comprehensive program. At first thought it almost seems so alluring as to warrant com-

¹⁷ Bulletin 385, United States Bureau of Labor Statistics, p. 94.

plete neglect of vocational rehabilitation. Unfortunately this would be an untenable deduction. By no kind of scientific conjuring can the day be seen for a long time in the future when there will not be persons, and a very considerable number of them, who have permanent partial or permanent total disabilities, the only hope for the amelioration of which lies in vocational rehabilitation. The regaining of bodily efficiency by the disabled is a primary and proper ideal, but when it is not feasible the only recourse is to attempt to secure economic efficiency. Prominent among the types for which vocational readjustment is necessary are the dismemberment cases. is obvious that when a member is gone even with the best sort of prosthesis the disabled person will still be unfitted for many callings. Nothing short of the actual prevention of the accidents themselves will eliminate this type. As indicated by Dr. Orr, there are also instances of loss of function where only a partial restoration can be effected.

An excellent discussion of this was given by Dr. Raphael Lewy, Chief Medical Examiner of the Industrial Commission of New York, at a session of the International Association of Accident Boards: "In defining a vocational disability," he said, 18 "I wish to call to your attention that same is in consequence of an injury which must be considered solely from the standpoint of the injured's individual vocation, as, for example, an ordinary injury to the soft tissues of the flexor surface of the thumb with consequent infection, resulting either in an ankylosis or amputation of part of the thumb, would forever disable, in his individual vocation, a tailor who uses a needle or a mechanic who uses delicate tools, although he might be able to perform many other duties. This condition that I have described may not be very serious from a surgical point of view, but is most important from a vocational point of view.

¹⁸ Bulletin 210, United States Bureau of Labor Statistics, p. 123.

"Another example of the vocational point of view is the consequences of a Potts' fracture in the vocation of structural iron workers.

"I would like to see a Potts' fracture which heals with complete mobility of the ankle joint and does not interfere in the vocation of men who have to walk or climb on elevated structures."

In criticizing post-operative results where mobility had been restored to the head of the humerus or the head of the femur, he further said: "Although giving the individual a post-operative mobility in consequence of an excision, [it] does not enable the individual either to use his arm or his upper leg with sufficient power to follow his vocation, should he be a hard laborer; and such defect is permanent, and from a vocational point of view is equivalent to the loss of use of the arm or leg."

In many eye conditions too, whether due to accident or disease, the impairment is beyond all hope of improvement. In the cases of general bodily impairment, due to such maladies as pulmonary tuberculosis, cardiac affections, and diabetes, an occupational change may again be an important factor to supplement the therapeutic treatment.

Pathos of neglected disabilities.—Finally there are the instances of crippling conditions where with all reasonable faith and optimism the best of orthopedic surgeons will admit that the time has passed by for successful operation. There is a peculiar pathos about these. "It is not generally appreciated," says Dr. Orr, "that every hunchback was at one time a preventable deformity."

Another illustration of an instance where restoration was impossible was given by Dr. Charles A. Reed, speaking before the Minnesota Conference for the Disabled in Minneapolis, May 14, 1925. "I remember," he said, "the shock that I got in 1920 when a county nurse asked me to examine a case in

¹⁹ Bulletin 93, Federal Board for Vocational Education, p. 84.

order to institute training under this rehabilitation law. It was in a small town some fifty miles from Minneapolis. I reached the town and asked the people for this boy. Nobody knew him by his last name but finally Billy was located sitting in the dirt back of the village blacksmith shop, and his photograph would be a very nice thing to use in the emotional work because he was a most pathetic case. His age was almost impossible to determine. He had a small face, somewhat wrinkled. His main disability was almost complete paralysis from the waist down. He had home-made crutches that were patched almost as much as the clothes that he wore, but when he looked up and found it was someone trying to help him get training so he could make some money the smile that lighted up his face showed that he had a brain. There was intellect there. He at once stated that he had always been anxious to go to school but no one would carry him and he would fall. In the winter he had to give it up as soon as the snow started. He had gotten to the fourth grade. When I asked him how old he was he blushed and then told me he was 32. That was far past the age when an infantile paralysis case of this kind could get any particular results. When I drove away and thought what orthopedic treatment could have done in the way of straightening these limbs and supplying braces, it was easy to picture him going to school, grade school and high school, and starting out as a teller in a small bank or a postmaster with his face, his intellect and charming ways but it was entirely a physical disability and it was too late. He was enthusiastic over ten months' training he was going to get as a cobbler."

Conclusions as to place in program.—Several things stand out clearly as a result of the foregoing review of the respective fields of physical restoration and vocational rehabilitation.

1. Physical restoration is an important and primary part of any program for the rehabilitation of the disabled. Such great

improvements have been made of recent years in methods of removing or reducing disabilities that the salvaging of large numbers of the disabled by this means is entirely feasible.

- 2. Even partial physical restoration is desirable as a psychic stimulus to the disabled person and as a reduction of the vocational handicap to the lowest possible limits.
- 3. Vocational rehabilitation should not be an alternative for physical restoration. To prevent such a situation the greatest care is incumbent upon rehabilitation officials. Except where other evidence of the disabled person's condition is available, as in cases where a record of recent treatment by recognized experts is presented, or in compensation cases, an examination by competent professional authority is advisable.
- 4. Physical restoration is not a substitute for vocational rehabilitation. When everything that can be accomplished by physical restoration has been done, a large number of disabled persons remain who require assistance in finding a place in the economic world.

QUESTIONS

- 1. What implications center in the slogan of public rehabilitation agencies, "Remove the handicap, if possible; if not, train around the handicap"?
- 2. What constructive measures could be taken that might render portions of physical and vocational rehabilitation unnecessary?
- 3. In what manner may valuable lessons in orthopedic surgery be made more available for the general rehabilitation service?
- 4. What are legitimate functions of such activities as physiotherapy, hydrotherapy and electrotherapy in the field of rehabilitation?
- 5. To what degree is the disabled person a factor in his own physical restoration?
- 6. What significant principles underlying physical and vocational restoration are adduced from the illustrative cases portrayed in this chapter?

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CHAPTER IV

THE PHYSICAL RESTORATION OF CRIPPLED CHILDREN

Although it cannot be emphasized too much that the problem of the disabled in society is one problem, it is desirable because of variations in administrative methods and other special aspects to give separate consideration to the child and to the adult. This is particularly true with regard to physical restoration. Distinct services, public and private, have been built up for the crippled child and have reached a much more advanced stage than equivalent work for the adult.

Earlier effort to face problem.—Any effort on behalf of the child has always made a strong appeal. When to the ordinary appeal of this sort is added the pathos of the suffering and helplessness of the crippled child the effect is well-nigh irresistible. It penetrates without difficulty the armor in the shape of inhibitions which people have assumed to prevent the stirring up of their emotions. It contrasts strangely with the apathy that often meets a plea for the disabled adult, an apathy not due so much to a real lack of interest as to a mental unwillingness to dwell upon anything painful or unpleasant.

Because of the ready response on behalf of the crippled child it is not surprising that work for the rehabilitation of this type of the disabled was the first to be started. The pioneer activity in the United States was the Hospital for the Ruptured and Crippled established in New York in 1863. A second endeavor was launched in the same city three years later, in the New York Orthopedic Hospital and Dispensary. Despite the sympathy which the work aroused the progress of the move-

ment was slow. From 1863 to 1890, a period of 28 years, only 5 institutions were started, as Hastings Hart points out, 2 in New York and 3 in Philadelphia. In the next ten years, 1891 to 1900, 12 institutions were established; the 11 years from 1902 to 1912 saw 20 new institutions launched; while the period since that time has shown such a multiplication and diversification of agencies that it is hard to classify them on a basis comparable with the earlier studies.

Definition of crippled.—Before attention is given to the details of the movement a definition of the field and a survey of its possibilities are advisable. The term "crippled" is of course narrower than the term "disabled" which is the more general term used throughout this book when the entire group under consideration is meant. The standard definition of "disabled person" is now unquestionably the one used in the Federal Act. It is brief enough to be repeated: "Persons disabled shall mean any person who by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, is or may be expected to be totally or partially incapacitated for remunerative occupation."

For the term "crippled" several definitions have been framed but none has become standard. They are much alike however. For the survey in Birmingham, England, 1910, the definition was: 2 "A person whose muscular movements are so far restricted by accident or disease as to affect his capacity for self-support." The Cleveland survey of 1915 used the following: "Persons who are handicapped because they lack the normal use of skeleton or skeletal muscles." For the purpose of the survey in New York City in 1919 the following was adopted: "Those handicapped by some limited or distorted use of muscles, joints or skeletal members." The most recent definition is that framed

¹ Edith Reeves, Care and Education of Crippled Children, Russell Sage Foundation, p. 6. Introduction by Hastings H. Hart.

² Legislative Documents (1925), Doc. 100, State of New York, p. 9.

by the New York State Commission for Survey of Crippled Children: "A crippled child is one whose activity is, or due to a progressive disease may become, so far restricted by loss, defect or deformity of bones or muscles, as to reduce his normal capacity for education or for self-support." The last-quoted would seem to be an advance on previous definitions in introducing the ideas of the effect of a progressive disease and the additional test of reduction in normal capacity for education. The exclusions contained in all affect the blind, the deaf and the victims of diseases which impair the body as a whole.

Vast number of crippled children.—If the public is blissfully unaware of the large numbers of disabled adults, despite a wide knowledge of the hazards of modern industrial life, it is even more true that there exists a profound ignorance of the vastness of the problem of the crippled child. When reasonably exact information as to the number of unfortunate little ones leading a hampered existence is brought out in cold figures, it usually comes as a shock and a surprise. A very recent study is that of the New York State Commission above referred to, which found a ratio of 3 crippled children under 18, per thousand of population.3 Except for the Massachusetts census of 1905 this is the only study which covered rural as well as urban population. The results in Massachusetts indicated a ratio of 2.8 for crippled children under 16, which is in close accord with the New York data. On this basis the total number of crippled children in the continental United States would be about 300,000. Estimates have sometimes been made as high as 4 per thousand of population, as when data on the situation were prepared for the Order of the Mystic Shrine. There is some warrant for believing the higher figure may be correct. For one thing, accurate data in regard to children of pre-school age are very difficult to secure. For another, the proportion of crippled children in the more sparsely settled areas of the south

² Op. cit., p. 27.

and west may be higher, due to absence of facilities for prompt treatment. Whether the ratio prove to be 4 or 3, the aggregate number of disadvantaged children is sufficiently appalling to justify the most thoroughgoing preventive and remedial efforts. An article in the Survey for January 15, 1923 (Vol. 49, pp. 507-9) puts the matter in a striking way by stating: "If all the children of the United States could be gathered together in some gigantic parade, one in about each hundred would limp beside the procession on crutches or ride in a wheel chair—a cripple."

Causes of crippling conditions.—The causes of the crippling conditions are also worthy of note. The most comprehensive study is the very recent one of the International Society for Crippled Children, made in 1924.4 It represents data based on the cases of 6507 children. The causes were as follows:

Infantile paralysis	.27.26%
Bone and joint tuberculosis	.23.65
Congenital deformities	
Rachitic	
Traumatic conditions	
Osteomyelitis	
Other conditions	.20.20

In interpreting these percentages it must be remembered that they are derived from cases which were in institutions, 18 hospitals and 15 convalescent homes. They may therefore vary considerably from the result that would be found in a study of children in their own homes. In the main, they are in accord, however, with the findings in local surveys. The New York City survey of 1920 shows the same percentage of infantile paralysis cases, but an extraordinarily high percentage of rachitic cases, 39.3. This is probably due to peculiar local conditions. On the other hand, the Ohio Department of Health reports a percentage of infantile paralysis cases as high as 41.20, based on 1125 clinical orthopedic diagnoses. The conclusion is prob-

⁴ H. E. Abt, Care, Cure and Education of the Crippled Child, International Society for Crippled Children, p. 14.

ably safe that for the country at large infantile paralysis (poliomyelitis) is the chief cause that is making cripples of children. A recent study of crippled children in Chicago made by the Chicago Community Trust for the Rotary Club also gives a striking proportion caused by infantile paralysis,⁵ 51%, but in addition calls attention to the size of another group, that caused by spastic paralysis, 16%. It brings out, too, that 69% of the causes are due to disease, and 25% are congenital. Another discovery of much importance made in this survey was that the onset of the crippling conditions in 58% of the cases was in the age period between one and five years. When to this 58% is added the 25% crippled from birth the need for early care is convincingly shown.

Possibilities of restoration.—As to the possibilities of physical restoration, much that has been said in the previous chapter applies. Among the most optimistic is Dr. Orr who say of 12 years' work dealing with about 1500 patients: 6 "Our result figures for the entire period conform rather closely to figures from similar institutions elsewhere. Approximately 60% have gone home cured; 20% more were so greatly benefited that they have left the hospital able to take their places in society without embarrassment physically or otherwise. The remaining 20% includes those patients for whom nothing at all or less than we hoped for could be accomplished." The statistics of the Gillette state hospital at St. Paul, Minn., 7 the oldest state hospital for crippled children in the country, support the statement as to improvement although the percentages vary. Of 3219 cases 37% are reported cured and 45% improved.

Another favorable report as to possibilities is limited to the one type of case, bone and joint tuberculosis. This comes from

⁵ Crippled Children in Chicago, Chicago Community Trust, p. 18 seq.

⁶ H. Winnette Orr, "Twelve Years of State Care for the Crippled and Deformed," pamphlet, p. 4.

⁷ Biennial Report of Minn. State Hospital for Crippled Children, 1924, p. 31.

the J. N. Adam Memorial Hospital at Perrysburg, New York,8 covering a period of seven years. The results are: apparently recovered, 66.1%; arrested, 18.3%; improved, 8.6%; unimproved, 5.8%; dead, .9%. It would seem, therefore, that a very considerable reduction in the number of disabled persons is being made by the care and treatment of crippled children and can be still further extended by making facilities for such care and treatment adequate. This view finds confirmation in some of the comment in the Chicago study above referred to, as in the following passages: 9 "A part of the discrepancy of 800 in the number above 16 who have been missed might be accounted for by the fact that the past eight years of intensive effort in the care of cripples has brought about physical rehabilitation of at least a part of this number before they have reached the age of 16 so that some of them would not now be reportable." And also: "Miss Jane A. Neil, Principal of the Spalding School for Crippled Children, also makes the statement that the number of crippled children in the upper grades is decreasing each year due to the fact that the older children have become rehabilitated to the extent that they can attend the regular public schools."

Rise of public responsibility.—Reference has been made to the more rapid growth of the movement for crippled children in the decade from 1891 to 1900. This period also saw the rise of public responsibility for such work. The first state hospital for indigent crippled and deformed children was the one established in Minnesota by an act of 1897. The promoter of the legislation was Dr. Arthur J. Gillette, a young but already eminent orthopedic surgeon. In making his plea both before the State Conference of Charities and Corrections and the committees of the legislature, he shrewdly objectified the problem by presenting Jennie Haskins, a 12-year-old crippled girl, who

⁸ Abt, op. cit., p. 49.

⁹ Op. cit., p. 15 seq.

added her naïve argument to his. Dr. Gillette served as surgeon-in-chief of the hospital without remuneration until his death in 1921, and the institution has been renamed the "Gillette Hospital" in his honor. In 1918 he again served the cause of the disabled as a member of the temporary Minnesota Commission on Rehabilitation of Industrial Cripples. The state hospital idea has since been adopted by Massachusetts, New York, Indiana, Wisconsin, Nebraska, Iowa and North Carolina, while the general principle of public responsibility has been carried still further and received added impetus at the hands of a great organization.

Private activity stimulated.—The development of public institutions did not check private activity, but, as has been noted, the period from 1900 to 1912 was productive of even greater progress. In the latter year was begun the survey by the Russell Sage Foundation, mentioned in Chapter I. This marks an epoch in the work, since it provided for the first time a careful study of methods and standards. The information thus made available would alone have insured an acceleration of the movement, but in addition there have been a number of special factors which have still further contributed to its growth.

Work of the International Society.—Chief among these special factors have been the rise of the International Society for Crippled Children and the adoption of crippled children work on a country-wide scale by the Masonic order, Nobles of the Mystic Shrine. The former has functioned chiefly as an agency for stimulating interest, legislation, and co-ordination of activities, while the latter has financed and operated a system of orthopedic hospitals. The International Society owes its inception to Edgar F. Allen, a wealthy business man of Elyria, Ohio. In 1907 a tragedy in his own family called his attention to the inadequate hospital facilities then existing and deflected his interest into altruistic channels. He erected a memorial hospital and later promoted a hospital for crippled

children. Then as he realized the magnitude of the problem, he sought to interest others. The most responsive medium that he found at hand was the Rotary Clubs. Through the interest of the Rotarians the Ohio Society for Crippled Children was organized in 1919, and in 1921 the New York Society. The International Society was then formed to correlate the rapidly expanding system of state societies and to provide counsel for the movement everywhere. It already has an impressive list of accomplishments to its credit in the form of legislation, increased co-operation, and aroused public interest.

Hospital system of Mystic Shrine.—The work of the Mystic Shrine received its inspiration from W. Freeland Kendrick, of Philadelphia, who was Imperial Potentate of the order in 1919. During his administration he agitated consistently for a definite program of remedial care for juvenile cripples. In 1920 the Imperial Council of the order adopted the plan. At first one immense hospital was contemplated, but the committee after careful study decided in favor of a regional system. At the present time (1925) there are seven Shrine hospitals in operation, located at St. Louis, the Twin Cities, Shreveport, La., San Francisco, Portland, Ore., Springfield, Mass., and Montreal. All are 50-bed hospitals except the one in St. Louis which is a 100-bed hospital. There are two more hospitals being built, one at Philadelphia in honor of Mr. Kendrick and one at Chicago.

In addition the Shrine trustees are operating five mobile units, one in Honolulu, one in Spokane, one in Salt Lake City, one in Winnipeg, and one in Kentucky. Such units include an orthopedic surgeon, an orthopedic nurse, a trained nurse, and a bracemaker. Clinics are held and use is made of existing hospitals. Thus far \$5,200,000 has been raised for the work, and each year adds \$1,200,000 or more. The system now provides 500 beds, with an average time for each patient of 100 days. The vastness of the undertaking is evident from the data given. In addition, however, it has been supplemented by many subsidiary activities for which local temples of the order are responsible. Noteworthy among these are the hospital at Dallas, Texas, maintained by Hella Temple and the convalescent home planned by Korsair Temple of Louisville, Ky.

Other societies become interested.—Within the past few years other orders and other civic clubs have adopted a policy of service to the crippled child. Prominent among these are the Order of Elks and Kiwanis Clubs. The latter organization in 1924 adopted a program which calls for the appointment annually of a committee on service to the under-privileged child by the district governor of each Kiwanis district. It is too early to judge the results of these other activities, but the presence of the leadership supplied by the International Society should insure a steady and uniform progress.

Administrative side, clinics.—On its administrative side the restorative work for crippled children may be considered as consisting of clinics, acute treatment as in orthopedic hospitals, and after care as in convalescent homes and sanatoria. clinics serve the purpose of discovering and diagnosing the cases so that plans can be made for definite treatment. They are of two kinds, the permanent clinic which is subsidiary to some hospital or dispensary and the temporary clinic organized for the purpose of covering periodically a territory not reached by institutional facilities. In either event they require three types of service: diagnostic experts, among whom the orthopedic physician is essential; nurses; and social service workers. The clinic should consist of a complete examination of the disabled child, a careful record, and definite advice. Some such classification of cases as that made by the 10 Ohio Department of Health usually results: (1) urgent and hopeful, (2) hopeful but not urgent, (3) doubtful but at the same time hopeful of some relief, (4) hopelessly incurable, (5) slight deformities which

¹⁰ Abt, op. cit., p. 38.

may be cared for locally. The plan made will of course depend upon the class to which the case is assigned. For the first group every effort will be made to get hospital treatment at an early date. The social service workers are needed at this point to sift out the cases which are eligible for free care, public and private, and those which should be referred to the usual paid medical service. They are also necessary to maintain a follow-up until the clinic advice results in appropriate action.

A helpful adjunct to the efforts of social service workers has been found in such legislation as the Perkins law of Iowa, enacted in 1915. By this the juvenile court has authority on complaint properly made to inquire into the condition of any crippled child and if it finds that the child can be improved in condition and the parents are unable to pay for the expenses of such care, it may order the child sent to the state hospital for care at the public expense. New York has recently adopted the same idea and has even provided further that where the parent is able to pay for treatment and neglects or refuses to do so the court may order such treatment and adjudge the expense against those liable for the support of the child. Cooperation of public health nurses is also desirable in the follow-up work after a clinic. In fact, it is doubtful if a clinic is worth the time and expense in a community where it is not assured of such after service on the part of nurses and social workers. In making the arrangements for the temporary clinics, in advertising them, and in bringing out the greatest possible attendance of children needing care, the assistance of public health organizations and civic clubs is of the utmost value.

An additional method of bringing cases to light is found in a recent New York enactment, one of the recommendations of the 1924 commission. This provides that the school census shall cover all children from birth to age 18, thus reaching the child of pre-school age, and shall make a special record of persons who have some crippling condition. Those who are found to be crippled are then reported to the advisory commission for the physically handicapped.

Two plans for acute treatment.—For the acute treatment two different plans are in operation. One finds expression in the special orthopedic hospital, the other in the general hospital with orthopedic service. The former is represented by the states which have adopted the state hospital idea, by the Shrine system of hospitals, and by many of the other private institutions. It has been termed the centralized plan as contrasted with the other which is known as the decentralized. It has the weight of much high authority in its favor. Thus, Hastings Hart says: 11 "We have no hesitation in advocating the creation of a state hospital for crippled children in every state in the union. In no other way can the multitudes of crippled children outside of the large cities be reached. The need of such hospitals is greatest, however, in those states where there are few, if any, competent orthopedic surgeons. Such surgeons are found only in the large cities because smaller cities do not have a sufficient number of cases to afford a livelihood to competent men." In similar vein is the declaration of Dr. Orr: 12 "We are convinced that the Orthopedic Hospital, with its staff of specially trained officers and employees, in which is also given grade and industrial education, is superior to any other place for caring for this class of patients. Neither the general hospital, the general surgeon, nor the general nurse, nor all of these combined, can do justice to crippled children or to children suffering from deformity-producing diseases."

Argument for the special hospital.—The gist of the argument for the special orthopedic hospital is contained in these two statements. It is the contention that care of crippled children is a specialty calling for a large variety of specialized arrange-

¹¹ Reeves, op. cit., p. 8.

¹² Orr, op. cit., p. 5.

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ments and specialized services, medical, nursing and miscellaneous. To this must be added that research and scientific progress in the field would languish without the orthopedic hospital.

Decentralized or Ohio Plan.—The decentralized plan is also termed the Ohio plan and has its strongest advocate in the International Society for Crippled Children. The argument is made that in this way the greatest possible number of children can be reached in the shortest time and with a minimum financial outlay. 13 "The International Society favors the orthopedic service in the general hospital, with affiliated convalescent homes receiving patients for the recuperative period. Approximately eight different convalescent buildings can be constructed for the price of one orthopedic hospital, and patients can be moved through the general hospital in as little as fourteen days." It is urged that new orthopedic facilities can be provided in general hospitals at less expense than new orthopedic hospitals, and that the operative facilities of the special institution are not used to their full possibilities, therefore are not economical. It is also contended that 14 "it is financially impossible to construct special institutions in enough centers to make facilities available for a very large proportion of the children of a state. The result of this situation is that large sums of money are spent in building central orthopedic hospitals and no funds remain to provide acute or convalescent services for most of the children in isolated communities. Only a relatively small number of parents bring their families to a distant city for the extended period of time necessary to orthopedic treatment."

The Ohio plan in its completeness has some of the features of the Iowa law previously described, but the juvenile court is to commit children to the board of state charities, which is empowered to contract with suitable hospitals for the required

¹³ Abt, op. cit., p. 42.

¹⁴ Ibid., p. 43.

care. The plan therefore is just as much one of public care and public responsibility as the other one, but use is made of all existing facilities, public and private.

A victory for the decentralized plan has just been recorded in New York, one of the states which has hitherto depended upon a State orthopedic hospital and similar private institutions. The temporary commission reported in favor of using for acute care the beds in any suitable hospital. "There are in the state of New York," the report says, 15 "not less than 1500 beds for acute orthopedic cases. Each of these beds, if used on an average of but four weeks for each case, would accommodate thirteen cases during the year, or in the aggregate they would provide for 19,500 acute cases. If this number of beds be reduced by 10% to provide for loss of time in admission and discharge of patients, there still would be available not less than 1350 beds, which would provide for 17,550 cases staying on an average four weeks each." The legislation adopted is practically the same as the Ohio plan except that the juvenile court makes a direct order for the care to be given at the expense of the state, instead of committing to a state board with power to contract.

Merits of the two plans.—The reasoning followed by the advocates of the decentralized plan is sufficiently indicated by the excerpt from the New York report above quoted. Its validity would seem to depend somewhat upon whether the convalescent care, admitted by both groups to be essential, is actually provided. It may also prove to be true that one plan may suit conditions in a given state, and the other be more desirable in another state. Neither is it impossible that in many instances a combination of the two plans, the central orthopedic hospital to maintain standards and the more flexible decentralized work to reach all localities, may turn out to be the most feasible solution.

¹⁵ Legislative Documents (1925), Doc. 100, State of New York, p. 32.

After-care facilities.—The final stage in physical restoration, the after-care, is a very important one. If it is not provided or poorly provided much, if not all, of the benefit of the operative treatment may be lost. In most of the orthopedic hospitals a very considerable part of this care is given in the same institutions. Under the decentralized plan the care is given in a separate institution known as a convalescent home or convalescent hospital. Summer homes and summer camps also sometimes serve this purpose. A part, too, is sometimes given by the special schools for crippled children which are units of the public school system in quite a number of cities. The convalescent care consists of whatever is necessary to effect a restoration of function, to build up the general health, and to bring about a state of mind which will further the cure. Most of these methods have been discussed in the previous chapter. Occupational therapy is usually of great value both for its effect upon function and for its mental effect. As will be seen in a later chapter, bedside as well as classroom instruction in the customary grade subjects is a highly desirable thing in these convalescent institutions

Sanatorium care in tuberculous cases.—An agency which is difficult to classify but which because of the length and nature of treatment seems more like the convalescent hospital is the sanatorium. This is limited almost entirely to the tuberculous cases. The great increase in facilities for the treatment of tuberculosis due to the active crusade waged for many years by the National Tuberculosis Association and affiliated organizations has covered the country with a network of public sanatoria and a considerable number of private ones. Many of these give care to children suffering from bone and joint tuberculosis. The method in greatest vogue is that known as "helio-therapy." The diseased part is exposed each day to sunlight or an artificial light similar in therapeutic power, for a period which is gradually increased. In some of the sanatoria on the Atlantic

coast salt water bathing and the sea air are considered to have a therapeutic effect.

Great need for convalescent facilities.—In connection with the comparative need for surgical care or the more protracted forms of treatment the statement of the New York Commission is interesting. 16 "There are no accurate data in this state as to surgical needs, but judging by the experience in Ohio and New York City, only a small proportion of crippled children can be benefited by surgical operations. This proportion is very much higher than it would be if a system of care were in operation in the state which assured that all small children were cared for soon after the onset of their crippling condition. For instance, there are many infantile paralysis cases which have deformed members because they were not properly handled in the acute stage of the disease; these eventually may need a surgical operation. If, however, they had been properly cared for the members might be paralyzed, still no surgical operation might be required; or, congenital hip dislocation, which is easily remedied in a small child, would need a surgical operation if it were neglected until the child is older. It is fair to assume that if the State of New York adopts a system whereby all small children below school age receive attention, such surgical care as is needed will be greatly reduced."

The commission found one of the greatest gaps in the field to be with respect to convalescent care. It says: 17 "There is a decided lack of facilities for convalescent care. Convalescent care usually requires a long period. The child remains in the convalescent hospital on an average of from eight to twelve months, and the complicating factor is that education must be carried on during this long stay." If such a lack exists in New York state, where attention has been given to the problem for a comparatively long time, it is probable that

¹⁶ Op. cit., p. 32.

¹⁷ Ibid., p. 40.

the condition in the rest of the country is no better. Evidence to this effect is given by the Chicago Survey, which refers to the subject as follows: 18 "If convalescent care is interpreted as the care which extends over a period of the child's physical disability, it is given a meaning which offers an opportunity for a tremendous influence in preventive orthopedics. With this interpretation in mind, the findings of this survey show that more adequate convalescent facilities is one of the greatest needs in Chicago." The study then points out the variety of ways in which facilities for convalescent care are helpful, among them being:

- 1. They give proper care to children whose homes render good supervision impossible owing to temporary conditions.
- 2. They help eliminate factors which hinder the child's restoration, through helping him to make a better social adjustment.
 - 3. They serve as a demonstration clinic to discouraged parents.
 - 4. They release space in hospitals for acute cases.

These are all in addition to the main purpose of therapeutic treatment.

The New York code.—Because of the far-reaching legislation adopted as a result of the commission's recommendations, New York is likely to be the cynosure of the country for some time so far as work for crippled children is concerned. Two ideas are prominent in the series of laws 19 enacted: comprehensiveness and co-ordination. It was first sought to eliminate all of the gaps in the work, then to provide means for insuring a satisfactory articulation of provisions which by their very nature had to be committed to different state departments. Every phase of the work was covered, medical, educational, and vocational. Some of the new features have already been described. Those relating to education and vocational rehabilitation will be treated in later chapters. Among the others are the follow-

¹⁸ Op. cit., p. 46.

¹⁹ See Appendix D.

ing: 1. opening the State Orthopedic Hospital to those who can pay part of the cost, as well as the indigent; 2. authorizing school boards and trustees to provide on recommendation of the state department of health surgical, medical or therapeutic treatment, hospital care, crutches, braces, and other appliances; 3. requiring principals and teachers to report physically handicapped pupils to the medical inspector, who has authority to examine and provide treatment if the parents are unable or unwilling; 4. giving the State Department of Health the function of examining and treating physically handicapped children.

Provision for co-ordination.—But the outstanding change is the plan for securing co-ordination. Without it the code would almost seem to make overlapping probable and pulling at cross purposes not impossible. Responsibility for bringing about coordination is definitely placed in the hands of the civilian rehabilitation activity of the state. At the same time considerable power is given to supplement and round out the work of other agencies. By the act of 1920 the rehabilitation activity of New York was established as a division of the Department of Education, but was given an advisory commission consisting of a representative of the Department of Education, from the Department of Health and from the Industrial Commission. The new code adds to the commission a representative from the Board of Charities. The commission is then assigned as a purpose "to stimulate all private and public efforts designed to relieve, care for, cure or educate physically handicapped children, and to co-ordinate such efforts with the work and functions of governmental agencies." The rehabilitation agency is required to keep a register of crippled children and is given the power "to provide within the limits of the appropriation made therefor, home-teaching, transportation, scholarships in nonresident schools, tuition, or maintenance and tuition in elementary, secondary, higher, special and technical schools, for physically handicapped children, in whole or in part from funds

of the department, when not otherwise provided by parents, guardians, local authorities, or by other sources public or private." This is intended to give the desired flexibility to the code.

While the exact way in which co-ordination is to be brought about is not apparent, it is probable that a general supervision over the entire field will be made by the rehabilitation agency, and differences between departments, mal-functionings, and duplications will be settled in the advisory commission. The striking feature of the plan consists in designating the rehabilitation agency as the unifying factor. It is the first recognition of the truth that the problem of the disabled is a unit problem.

Co-ordination in private field.—Not only in the public field, but in the private field as well is co-ordination desirable. The duty of bringing this about has been assumed by the International Society and its state branches. Efforts are made to apportion the various services among interested institutions, civic clubs, and other organizations and to pool the zeal of all where common action is required. A continued program of this nature should be productive of results. In addition to providing supplementary services, the private agencies fulfil a useful function in making certain that legislation is actually carried out and that the facilities authorized by statute are really provided. Americans have a habit of passing legislation as a mere gesture. The best laws in the world will not benefit crippled children unless they are carried into effect.

Proposed Chicago program.—The program proposed as a result of the Chicago study makes full use of this thought of co-ordination of all activities, public and private. In particular the program stresses two things as being of the utmost importance.²⁰ The first is the prevention of the causes which produce cripples. Search for the cause of infantile paralysis with ever-increasing efforts is strongly urged, and until this is found

²⁰ Op. cit., p. 84.

attention to early diagnosis and prompt treatment is recommended. To reach the congenital causes the need for better pre-natal observation and obstetrical care is pointed out. Reporting of all congenital defects and spastic paralysis to the Health Department is another suggestion that may be of some aid.

The second policy which is emphasized is embodied in the phrase "catch the cripple early." Dr. Ernest Ward of Wokingham Clinic, Berkshire, England, is quoted as saving: "While there are limits to the cure of a deformity which has once been developed, there are no limits to the prevention of these deformities when taken at an earlier age." Another English authority, Dr. G. R. Girdlestone, is also cited: "The cripple must be sought early and seen through." The report then notes again the import of the revelation that 83% of the children studied were crippled under the age of 6, and declares these children must be found in the pre-school period. "Publicity and education directed to this end," it says, "are of utmost importance. Through newspapers, pamphlets, lectures, radio talks and otherwise, we should educate parents, teachers, social workers, nurses and all who have any contact with pre-school children to be on the alert for the recognition of crippling conditions in the incipient stage." The report calls special attention to the spastic paralysis cases, calling the spastic the most neglected cripple.²¹ Only 14% of spastics receive adequate care promptly, it declares. Four-fifths of the spastics studied were found to be congenital. Delay in treatment, it is asserted, complicated the physical, educational and vocational problems. The study is in itself an excellent example of the value of private effort in the pioneering and promotional side of the work of helping crippled children.

Poliomyelitis epidemics a recent thing.—The Chicago recommendations with regard to infantile paralysis receive reinforce²¹ Op. cit., p. 34.

ment from statements by Dr. Walter R. Ramsey, associate professor, diseases of children, University of Minnesota. He points out that infantile paralysis as an epidemic is a recent thing so far as medical records go. He says:22

"Infantile paralysis has been known in this country and in Europe for a long time, but so far as we know it never occurred in epidemics until the last part of the nineteenth and the early part of the twentieth century. The first widespread epidemics of which we have any definite record occurred in Norway and in Sweden between the years of 1899 and 1905."

It would be a reasonable deduction therefore that the existing number of cripples is abnormally large, and this consideration should give added force to the prevention and rehabilitation movements.

QUESTIONS

- 1. How may one account for the comparatively rapid increase of institutions for crippled children in the first decade of the present century and the last decade of the century preceding?
- 2. What appeal is made to popular emotions by the data furnished regarding the causes of crippling conditions among children?
- 3. What possibilities in the education of crippled children are suggested by the data showing improved physical conditions among them as a result of modern orthopedic surgery?
- 4. What suggestion for further development by private group endeavor is offered by the activities in the field through the International Society and the Mystic Shrine?
- 5. Develop the idea contained in the statement that a temporary clinic may not be worth its time and expense if not assured of "after service on the part of nurses and social workers."
- 6. In what manner might additional opportunities be provided for the convalescent care of crippled children?
- 7. Enumerate and discuss various ways by which "to catch the cripple early."

²² Walter R. Ramsey, "Interesting Side-Lights on Infantile Paralysis," The Crippled Child, Vol. 3, No. 4, p. 6, reprinted from The Farmer's Wife.

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 Probably constitutes a mile-stone in attempts to set up state programs.

CHAPTER V

PHYSICAL RESTORATION—ADULT PROVISIONS

The problem of bringing to disabled adults facilities for physical restoration has many more difficulties than the similar problem relating to children. At the outset must be faced the historic inertia of the public, amounting at times even to an aversion, for assuming any responsibility in furthering the welfare of adults. There is usually no cavilling about duty toward the child, but the obligation to help a disadvantaged adult is not seen so clearly. Free medical service is not secured so readily for adults as for children. Prejudices due to race, religion and economic strife are not so easily forgotten. The patients themselves are frequently not so co-operative. Legal systems for allowing damages or compensation present complications. Added to all these is the comparative newness of the approach in regard to the adult. It is only recently that attention has been devoted to formulating a public policy for removing the physical handicaps of mature persons, and the equivalent of the experience in the crippled children field has not yet been developed.

Facilities generally lacking.—The general machinery that is required is the same as for crippled children, clinics, hospitals for acute care, and institutions or other provisions for convalescent care. For the clinical side until very recently there have been available only the facilities represented by the free dispensaries and out-patient departments operated usually in connection with hospitals in the large cities. Until the rise of the vocational rehabilitation movement there was no special effort to reach the disabled adult and bring to his attention the possibilities for physical improvement.

The situation with regard to acute care is no better. There is a distinct lack of the type of institution similar to the orthopedic hospital for crippled children. Only a few such reconstruction hospitals for adults can be found in the entire country, and they are a very recent development. A considerable increase in their number would have a beneficial effect not only in the direct work they would perform but in the standardizing effect they would have upon similar work conducted in general hospitals. In explaining the title of his book, Orthopedic and Reconstruction Surgery, Dr. Albee says:1 "It is an indisputable fact that this department of medicine has been sadly neglected not only in our medical schools but also in our general hospitals. The meager armamentarium for bone and joint surgery to be found in many of our hospitals emphasizes to an even greater degree this lamentable defect. A hospital may be equipped with all the latest instruments for abdominal, thoracic, gynecologic, and urologic surgery, yet entirely lack facilities for the proper surgical treatment of fractures and other bone and joint lesions."

Dearth in convalescent care.—In the third branch of care, the convalescent, in which is included all of the more protracted and non-operative types of treatment the dearth of facilities is if anything even more pronounced. It has been the common lament of leaders in industrial surgery in the discussions of the Association of Accident Boards that while the value of the various methods for restoring function was realized it was exceedingly difficult to secure the service. Thus Dr. Morton P. Gibbons declared: "Another lack, then, is that whole system of occupational therapy, physiotherapy and re-education. . . . Industrial injury practice now demands it. A conservative estimate will place the actual financial saving therefrom at from 25 to 50% in the combined cost of medical service and compensation.

¹ Fred H. Albee, Orthopedic and Reconstruction Surgery, p. 13.

² Bulletin 273, U. S. Bureau of Labor Statistics, p. 290.

One reason for this is that there are practically no traumatic neuroses when occupational therapy is exhibited. It is further accounted for by the shortening of convalescence and the restoration of function while convalescence is going on." A like statement is made by Dr. Paul B. Magnuson: "A well-equipped department of massage and electro and hydrotherapy should be an adjunct of every large industrial surgical institution. Here we are up against the almost unsolvable problem of finding men who know how to give massage properly; who do not want to break down adhesions by force during the first treatment; who do not want to stretch muscles to the full limit at the first treatment; who know how to increase circulation, to re-establish elasticity in ligaments, to break up gradually adhesions in joints, to promote circulation and strength in muscles, to apply electrotherapy scientifically in the treatment of traumatisms to nerves, and to mobilize joints adjacent to fractured bones. We can find individuals who know one of these subjects, but the individual who knows how to apply all of them correctly is indeed a rare specimen." There needs only to be added to this picture of general lack of facilities in all three lines the fact that legal provisions for bringing the proper care to the disabled person without means are quite rare.

Compensation acts causing improvement.—On the other hand there are two factors which are making for improvement in the situation. The first consists of the workmen's compensation laws. From the beginning nearly all of these have provided for medical care for the injured workmen coming within their scope. The early compensation acts were quite limited in this respect, but the tendency has been for a gradual increase in the amount allowed, both in time and money. At the present time there are 8 states 4 which give complete medical care necessary to cure

³ Bulletin 281, U. S. Bureau of Labor Statistics, p. 309.

⁴California, Connecticut, Idaho, Nebraska, New York, North Dakota, Washington (employees bear half), Wisconsin.

and relieve from the effects of the injury, and 11 others 5 which have nominal restrictions but give the accident board discretion to order care in excess of the limits. In practice most of the latter have become "complete medical" states.

All of the therapeutic care necessary for functional restoration would come within the terms of the medical paragraphs of most compensation acts if it were available and were ordered by the proper authority. Many of the compensation acts give the administrative authority, usually a commission, full power to interfere and order a change of treatment or a change of physician There has therefore been a constant when need is shown. tendency to raise the standard of care given and to stimulate efforts to prevent or reduce permanent impairments. Especial success has been attained in this direction in states where a competent medical adviser has been installed by the commission to exercise supervision over all the care given under the act. In principle such a plan calls for detailed and frequent medical reports on each case, careful checking by the adviser, and prompt interference and change of treatment when a poor grade of work is apparent. The results in the states where supervision is in force are felt by the respective commissions to be decidedly satisfactory. Massachusetts has been pre-eminent in this field among the states allowing private insurance, and Washington and Oregon among those having monopolistic state insurance.

Insurers incited to give good service.—Another effect of the pressure of administrative bodies to secure good medical care has been the engendering of an interest in reconstruction surgery and treatment on the part of some of the insurance companies. A number of high-grade reconstruction hospitals have been founded on this account. In addition, inducement has been given the regular hospitals to improve the character of their work.

⁵ Delaware, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, Ohio, Oklahoma, Oregon, Utah.

Both this and the list in footnote 4 above are based upon the detailed charts in Bulletin 379, U. S. Bureau of Labor Statistics.

Some insurers have realized that the chief point in which they had to compete with rival companies was in service, and that the most important thing that could be done under a compensation act was to return the injured man to the economic world with a minimum of lost time and lost function.

An illustration of this came within the experience of one of the authors. As state director of re-education, he had pointed out to the claim representative of a prominent insurance company the part the insurer could play in rehabilitation by cutting down through expert medical care the kind of permanent partial cases known as "impairments." About a year later he met the same man and was greeted as follows: "Do you remember our talk of last year? Well, after that I began a policy of bringing every serious case to the Twin Cities and giving them the best care that could be gotten. It has worked splendidly. I haven't had a single permanent partial disability to send to you for retraining."

Compensation insurance rates as a rule are regulated by the state, but competition is still feasible in service. A company that can show the best results in dealing with the injured men should win favor with many employers. That there has been a real demand created for the best methods in reconstructive medical care is shown by Dr. Albee's inclusion of the following among the reasons for compiling his treatise: "The tremendous influence which is being exerted upon surgical practice by the recent war and, to a slightly less extent, the effect upon traumatic surgery of Workmen's Compensation Laws, executed by the industrial organizations on the one hand and the insurance carriers upon the other. The present day and hour marks a most important milestone in the evolution of the work this volume attempts to present."

Rehabilitation agencies exerting influence.—The other factor which is increasing the opportunities for physical reconstruction

⁶ Albee, op. cit., p. 13.

is the influence of the civilian vocational rehabilitation agencies. Although, as has been noted, nearly all of these were founded primarily to solve the economic adjustment problem for the handicapped, they saw very soon that they must take an interest in the physical restoration question, and they have responded in a variety of ways. Clinics have been financed or promoted, and corrective treatment has been secured by coordination of existing facilities or promotion of new ones. Differences of opinion have developed as to the ideal method of administration, but there is no disagreement as to public responsibility for a system of physical restoration of disabled adults.

The simplest method of administration is one which is represented by New Jersey, a state which was among the earliest to pass a rehabilitation law. As has been mentioned, the New Jersey act differed in two important respects from any of the others. It established an independent branch of government to conduct rehabilitation by creating a commission, and then gave this body direct authority to engage in physical restoration. Since the plan is unique, it is worthy of detailed consideration.

The New Jersey system.—The act bore all the earmarks of a vocational rehabilitation law, going into much more detail on the subject of training than any other topic covered. As it has worked out, however, the very brief clause regarding restorative work has led to the creation of the most distinctive activity in the system. It reads: "To arrange for such therapeutic treatment as may be necessary for the rehabilitation of any physically handicapped persons who have registered with the commission." Under this authority the Commission has organized in various parts of the state five permanent clinics and centers of therapeutic treatment. These are housed in the same building with the vocational division of the Commission's work, and with the Workmen's Compensation activities and public em-

ployment offices of the Department of Labor. Co-operation has therefore, it is believed, been made more of an actuality than is usually the case.

The clinics are very completely equipped both for surgical work and for physiotherapy. Apparently occupational therapy had not been adopted at the time of the last published report, that for the year ending June 30, 1924, for it is suggested therein that provision be made for this form of treatment in the Newark Clinic. The magnitude of the work can be seen from the fact the report states that 8703 examinations were made during the year and 2453 re-examinations. The number of persons who received actual treatment was 2862. The activities are listed in the report under the following heads: baking, massage, functional re-education, heliotherapy, surgical, plaster casts, orthopedic, dressings, strappings, dental, operations, medical, electrotherapy, hydrotherapy, pathological, gymnastics, other treatments, X-rays.

The connection with the workmen's compensation activity is very close. Practically every seriously injured person under the workmen's compensation act is cleared through the clinics. A most efficient method of exercising supervision over the medical care under the compensation act is thus provided. It not only brings about a reduction in permanent impairments but furnishes a check on the disability ratings which are the basis of the financial payments under the act. Of the 2862 persons treated in the clinics it is recorded that 75% were industrial accident cases. In these cases it is stated by Lewis T. Bryant, the Commissioner of Labor and first director of rehabilitation, that when secondary or orthopedic operations or continuing treatments were required, arrangements are made as a rule with the employer or insurer to defray the expense incident thereto.

⁷Report of New Jersey Dept. of Labor and New Jersey State Rehabilitation Commission, year ending June 30, 1924, p. 57.

⁸ Bulletin 281, U. S. Bureau of Labor Statistics, p. 139.

including the cost of the operation and the required after-care. Apparently the work has been conducted without opposition from the medical profession. The report states: "Numerous doctors throughout the state have availed themselves of the facilities of the various clinics, for the benefit of their patients who received such treatment as was prescribed and recommended by the physician having charge of the case in consultation with our doctors. Many of the hospitals in the state have sent us cases for follow-up and post-operative treatment. The Commission has scheduled and is holding regular monthly meetings with the Medical Advisory Boards in Newark, Jersey City, Camden, Trenton and Paterson. The physicians of the Boards are representative of the medical profession in the state and helpfully assist in co-ordinating questions relative to procedure in their respective communities."

Several additional features in the conduct of the clinics were brought out by Dr. Albee, who is chairman of the commission, in a paper before the National Conference on Vocational Rehabilitation at Washington, in 1924. On the correlation with private practice, he says: "The state expert on rehabilitation is always available for consultation when the complexity of the disability warrants, but in a general way it has been urged that the patient's own physician or the most available hospital make the initial treatment of injuries sustained by workmen. This practice has worked out advantageously for both the commission and the individual. The reconstruction, surgical, or orthopedic clinics since the beginning have acted as the clearing house for the segregation of cases as to treatment, follow-up, and vocational education and placement."

Another effect which he cites is the elimination of poor grade surgical work. "An important policy adopted by the Commis-

Op. cit., p. 57.

¹⁰ Bulletin 93, Federal Board for Vocational Education, Civilian Vocational Rehabilitation Series 8, p. 88.

sion," he says, "has been that members of the profession not interested nor able to qualify as efficient practitioners in rehabilitation surgery should not attempt to treat such cases. One of the causes for taking this stand has been that insurance carriers were unwisely, in some cases, permitting their work to go to certain men in the profession who used methods that were demonstrative of their inability to treat these cases efficiently. . . . If definitive reconstructive operative work is necessary, it is referred to the chief of the local state clinic, who assigns the case to the surgeon best qualified to do the work required in the particular instance."

Characteristics of New Jersey system.—The characteristics then of the New Jersey system are as follows:

- 1. It conducts therapeutic work as a direct activity of the rehabilitation agency.
- 2. It provides a very effective method of supervising the medical care under the compensation act.
- 3. It makes available a high grade of surgical and physiotherapeutic care for which facilities have usually been inadequate, and sets a standard for all care of this nature.
- 4. It provides or procures physical restoration work for those of the non-compensation group who are without means.
- 5. It furnishes a perfect check for the vocational rehabilitation work that no persons are being trained who ought instead to be restored physically.

The only adverse criticism that might be made of it as a physical restoration system would be that it seems to deal too much with one group alone, the compensation group, and that the non-compensation group ought normally to be represented by a much larger number of cases.

Restoration promoted in Mississippi.—The second instance of physical restoration conducted by a vocational rehabilitation agency is one where the agency had no specific authorization for the work and no public funds to expend upon it, but because

the local situation seemed pre-eminently to call for such an activity it raised private money and promoted the work. The agency in question is that of the state of Mississippi. According to Mary S. Baker, in a paper read before the Rehabilitation Conference at Buffalo in 1923, when activities were begun, it was found that the disabled persons in that area were almost entirely the victims of disease, not of accidents. A survey indicated that 85% of them could be benefited by surgical or medical treatment and be either wholly or partially restored. When 350 cases had been listed as needing treatment, the rehabilitation agency decided to find some systematic way of securing it. At first assistance was sought of two hospitals in Memphis, Tennessee, which maintained charity wards. By this means 110 cases were helped. Then Dr. Willis C. Campbell, of Memphis, a prominent orthopedic surgeon, came forward with a suggestion. He thought if a convalescent home could be secured, the hospitals would give operating space and nursing during the acute stage and afterward the patients could be removed to the home, where the later treatment could be given as long as necessary. He volunteered the services of himself and staff without charge. From the board of the Presbyterian Hospital of Memphis an offer was secured of their former hospital building, rent-free for three years.

The rehabilitation agency opened a campaign for contributions and through the co-operation of business men's organizations, Red Cross chapters, lodges, and churches was successful in raising enough to repair the building and operate it. A convalescent home of 75 beds was thus made available. The work was thereby greatly expedited. A report published in 1924 11 gives the number of handicapped persons treated as 165, presumably over a 14 months period beginning in May, 1923. The contributions for maintenance totaled \$3107.50, all from Mississippi, while \$8000 had been contributed toward equipment by business men of

¹¹ Bulletin No. 40, State Board for Vocational Education, Mississippi.

Memphis. It is worthy of note that the rehabilitation agency soon became interested in the entire problem and extended its work to crippled children. A clinic for children was promoted at Jackson, Mississippi, with the result that over a hundred were referred for care and treatment to the Shriner Hospital at Shreveport, Louisiana, and the Crippled Children's Hospital School at Memphis, Tennessee.

Lessons from Mississippi experience.—Dr. Campbell cites among the lessons to be drawn from the Mississippi experience the following:¹²

"The surgical problem varies geographically on account of ignorance and inaccessibility to centers where the proper treatment may be secured. The resulting deformities and disabilities are greater in the more sparsely settled areas.

"By beginning in a small way with minimum cost the public can be more rapidly educated to the necessity of providing suitable institutions accessible to every community.

"As a prime object of large general hospitals in America is the care of charity cases, space could be easily secured for a limited number and by establishing special hospitals without operating rooms and nursing facilities for acute cases, a co-operative plan might be arranged. It has been found that 10 beds are sufficient to supply 50 patients for a rehabilitation hospital. In this manner duplication is avoided and expenses conserved, so that within a comparatively short time the entire nation could be supplied with such facilities, whereas if there is delay until sufficient funds can be secured to erect and equip large special hospitals, much time will be lost and many cripples will reach an age when complete rehabilitation is impossible."

Wisconsin finances clinic.—The physical restoration work in Wisconsin is similar to that in New Jersey in that there is legal authorization for expenditures by the rehabilitation agency. In the main it has resulted in a system whereby the rehabilitation

²² Bulletin No. 93, Federal Board for Vocational Education, p. 96.

agency finances traveling clinics and the rest of the corrective and therapeutic care is secured through other public and private provision. According to the latest published reports 13 the clinics are a distinct part of the rehabilitation program, having the purpose of establishing the eligibility of the disabled for a training program and the extent to which the disability may be reduced or eliminated. An eminent orthopedic surgeon was employed by the rehabilitation agency to make the diagnoses. The regular attending physicians in the cases, if any, were welcomed. During the year 1923 six clinics were held and 350 persons examined. The total cost was \$700, or \$2 per case. Follow-up visits to the homes of the disabled are made by city and county nurses and by the rehabilitation supervisor. When the disabled person or his family is unable to pay for the required corrective treatment, the usual procedure is for him to be sent to the State Hospital at Madison. This is done under a statute providing that in such cases the county judge may commit the patient for the necessary care, half of the expense to be borne by the county and half by the state. The existence of the law in question has made it almost unnecessary for the rehabilitation agency to use its authority to provide therapeutic treatment. W. F. Faulkes, head of the Wisconsin Rehabilitation work, said at the Buffalo rehabilitation conference:

"If treatment is such as can be carried out immediately, efforts are made to have this done as follows: first, by the person or family; second, by the community; third, jointly by the county and state under the General Hospital Commitment Act; and fourth, by funds from the State Board of Vocational Education. In only a few instances has it been necessary to use rehabilitation funds for this purpose, and then only for minor treatments in ambulatory cases."

¹³ Bulletin No. 7, Wisconsin State Board for Vocational Education, p. 11.

Other state systems.—Virginia has also secured physical restoration by promoting clinics, but has not expended funds of the rehabilitation service upon them. It has organized the clinics and availed itself of the co-operation of the State Health Department. The corrective treatment has been secured for indigent cases through the gratuitous services of orthopedic physicians and the use of charity wards of hospitals. As in Mississippi, by far the greater number of those applying for rehabilitation had been disabled by disease or congenital condition. The chief difficulty encountered seemed to be that there were not enough free hospital beds available.

D. M. Blankinship, supervisor of rehabilitation in Virginia, states in an unpublished address that three permanent clinics have been established. "In each instance, after the first clinic, the localities have been sufficiently interested to take over the financing of the clinic permanently; that is, they defray the actual expenses incurred, such as the traveling expenses of the surgeon, plaster bandages, etc. They also provide, usually through the State Health Department, or Red Cross, trained nurses, who assist in the clinic." He quotes the report of Dr. Thomas Wheeldon, orthopedist in general charge, on the first hundred cases as follows: If work was not taken into regard, 96 cases could be improved and 4 could not. If work was taken into regard, 86 cases could be improved and 14 could not. Ten cases could be returned to full duty. Sixty cases needed prolonged follow-up treatment in the clinic. Ninety cases would get worse without treatment.

Minnesota represents a still looser type of co-ordination of the vocational rehabilitation with physical restoration. Traveling clinics are held which are fostered by the Public Health Association and are an outgrowth of the crippled children work. The Orthopedic Club, an organization of orthopedic surgeons, provides diagnosis without charge. A representative of the rehabilitation work is present at each clinic to list such cases as require follow-up from the standpoint of economic self-dependency. A state hospital is available for free care.

In other states, especially the more populous ones, something like a similar situation exists. Where clinics are held under the auspices of a state board of health the rehabilitation agency has as a rule merely participated and added its factor to the general plan. As has been noted, many of the states have a systematic and more or less effective supervision over the medical care under the compensation act, so this feature may often be eliminated as a need to be supplied by the physical restoration scheme. The New York and Wisconsin rehabilitation laws specifically exclude compensation cases from the free therapeutic treatment.

General principles for restoration system.—The general principles which emerge from the preceding discussion would seem to be as follows:

- 1. There should be a definite and complete physical restoration system in every state. It is a complementary service to vocational rehabilitation, and must be provided in order to make certain that the best possible solution of each handicapped case is being adopted.
- 2. The physical restoration system may or may not be a part of the same agency as the vocational rehabilitation system. Local conditions will govern, such as the character of the population, the types of disabilities most common, the nature of existing legal provisions and institutions, the kind of political measures most in favor, and the like. The plan of having physical restoration directly conducted by a general rehabilitation agency has much in its favor. It certainly makes for simplicity and for close co-ordination. On the other hand, if there are other branches of the state government available for some of the restoration work, and if other legal provisions exist, satisfactory results are attainable through measures to correlate these activi-

ties, and the promotion of a new agency would be objectionable as duplication.

In such a case, it seems clear that the initiative for effecting a unified service must rest with the rehabilitation agency, since its proper functioning is impossible without work of this nature. If any gaps remain in the system, the rehabilitation agency should endeavor to secure temporary assistance, public and private, to fill them while it is working out permanent plans.

3. In every state which has a workmen's compensation act two provisions are indicated as highly desirable. Both relate to medical care under the compensation act. One is that the law should provide for what is known as "full medical," 14 that is, the complete care necessary to cure and relieve from the effects of the injury. The other is administrative, that the care given should be under the thorough and detailed supervision of a medical director. The two together would tend to make certain that adequate care is received by the industrial accident cases and impairments would be reduced to the unavoidable minimum. It should be self-evident that laws which provide medical care for only twenty, thirty or sixty days, or with expense limits of \$50, \$100, or even \$200, are poor public policy. They place a premium on improper and inadequate care, and are calculated to increase the number of cripples in the community.

It is just as clear that the remedy is to change the compensation act to bring it to the proper standard, placing the expense on the employer and insurer, where it belongs. It should not be the function of the rehabilitation service to provide out of public funds the physical restoration for which industry should have paid. Finally, no argument should be needed for supervision of the medical care. Any publicist knows that laws are not self-enforcing. Without supervision only the conscientious employer

¹⁴ See *Principles of Labor Legislation*, by John R. Commons and John B. Andrews, p. 404.

or insurer will give the grade of care prescribed, and others will evade it except when forced by a belligerent claimant.

- 4. Diagnostic clinics probably furnish the chief point at which there should be active participation by the rehabilitation agency, even if the connection with physical restoration is by force of circumstances reduced to a minimum. There is ample warrant for the direct conduct of such clinics on the part of a strictly vocational rehabilitation agency, from the standpoint merely of establishing eligibility. But in many states direct conduct should not be necessary. Clinics for crippled children and clinics operated by state health departments are becoming more frequent. It should be an easy matter to broaden the scope of these and have them serve the purpose of the rehabilitation work as well. In addition to their immediate benefits, clinics are valuable as well for their educational effect, in that they arouse the different communities to the number of the disabled, to the possibilities of restoration, and to the opportunity of economic rehabilitation.
- 5. There should be a clear-cut assumption of responsibility on the part of the state for corrective treatment of the handicapped who are indigent. Provision through the charity service of private hospitals may be a desirable temporary recourse, but it is not sound policy that such an important public concern should depend permanently upon private benevolence. A law such as that of Wisconsin, which is found at least in partial form in a few other states, should become a general thing. The essential part of the law is commitment by a court for the treatment with an order against the local unit for all or part of the cost, according to whether or not a part is to be assessed against the state. It is not necessary to such a statute that there be a state-operated hospital. A suggestion may be taken from the crippled children legislation here and the plan also considered whereby the disabled person may be committed to any hospital

designated as suitable by the proper board, the expense to be borne by the public as under the original scheme. Either some such statute as this or else the founding and operation of a state restoration hospital for adults must come about if the situation is to be met. The second alternative is by far the more expensive one.

6. Facilities for the more protracted forms of treatment and convalescent care need to be greatly multiplied. At the present time a comprehensive plan for restoration of disabled persons is impossible of fulfilment in many localities because the means for giving the treatment, the personnel and the institutions are not existent. In the compensation states where high-grade medical care is being given, the demand is gradually creating the facilities. Eventually these will be available for the other cases, especially if there is legislation for state responsibility for care of the indigent disabled. If the development is not rapid enough or if it is desired to set a standard in this field, the establishment of a state convalescent hospital or of therapeutic centers giving these forms of treatment, as in New Jersey, will have to be considered.

Program must be flexible.—The program just outlined is one which is flexible enough for any state. The present rehabilitation agencies undoubtedly have the moral responsibility for seeing that a complete scheme of service to the handicapped is worked out. Whether any given agency should directly conduct a physical restoration service is something that can be answered only in the light of local conditions. Thus far the ruling of the Federal Board for Vocational Education that the Federal and matched funds under the civilian rehabilitation law may not be used for physical restoration has had a determining effect with nearly all of the co-operating states. The custom of most states has been to appropriate just about enough state money to match the Federal money. None of these states has been

willing to lose Federal money by spending state money upon physical restoration, even if the state law could be construed to permit it.

Criticism has at times been directed at the Federal Board because it made such a ruling. No one familiar with the principles for interpreting statutes can see much ground for this, however. The Act is clearly one for the promotion of "vocational rehabilitation" and the idea of education and training is stressed throughout. The amount appropriated was not sufficient to be of any value in furthering such a big program as the therapeutic work would have involved. The Federal Board took the only wise and legal course under the circumstances.

Whether the Federal Act should originally have been drawn to include both services, and should now be amended along such a line, presents two different questions. Expediency would seem to dictate a negative answer to both. The act was not easily passed in the first instance nor was it easily renewed. It had the advantage of a tradition favoring Federal aid to education. Any further elaboration of the act would have added to its enemies and not increased the number of its friends. The only reasonable conclusion would seem to be that if Federal aid is desired for physical restoration it should be done in a separate measure. The states are, of course, entirely free to empower the vocational rehabilitation agencies to engage in therapeutic work and make additional appropriations for such work. The agencies are also free to further and co-ordinate the physical program in many of the ways that have been indicated. The Federal Board has given every possible encouragement to the state authorities to assume the leadership in developing a full rehabilitation program. It is not impossible that before public sentiment again swings around in the direction of being kindly to Federal aid, the physical restoration problem will have been solved by state action alone, under the stimulus of the vocational rehabilitation activity.

QUESTIONS

- 1. When compared with similar provisions for crippled children, how may one account for the marked neglect of orthopedic facilities for disabled adults?
- 2. To what degree have such systems as occupational therapy, physiotherapy and re-education followed in the wake of liberalized workmen's compensation laws?
- 3. What are the characteristics of the New Jersey plan of physical restoration which mark it as a unique system of rehabilitation?
- 4. What are meritorious aspects of the traveling clinics in a plan of physical restoration?
- 5. Project the advantages of a physical restoration plan which is a part of the vocational rehabilitation system against the one which is not a part of such a system.
- 6. What are the implications suggested in the term "full medical" as applied to workmen's compensation laws?

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Proceedings International Association of Industrial Accident Boards & Commissions, 1916 to 1924, Bulletins 210, 248, 264, 273, 281, 304, 333, 359, and 385, United States Bureau of Labor Statistics.

Each session is marked by several good papers on physical restoration or administration of medical service under compensation acts.

CHAPTER VI

ARTIFICIAL MEMBERS

Prosthesis has been defined by orthographical and medical authorities as the addition to the human body of some artificial part to replace one that is wanting, *i.e.*, a limb, an eye, a tooth. For purpose of clarity in this work, however, it will be interpreted to mean such substitution for a missing limb with the added implication of a "system of treatment which will restore a man who has suffered an amputation to the greatest functional efficiency." It is obvious from the above quotation that prosthesis as contemplated in this work will concern only artificial legs, arms and hands. The treatment appropriate to a more comfortable and efficient use of such artificial appliances is likewise inferred.

Development of limb-making.—It seems that artificial legs are of no recent origin, having been known to the ancients—the Romans, the Greeks and even the earlier Egyptians. Napoleon's peg leg veterans were a common sight following his strenuous campaigns. Regular artificial legs as such seem to have come in the time of Comte de Beaufort in 1853. The form familiar to that time, however, was neither the modern jointed appliance nor a peg leg or pylon, but some form between these two. Various models followed. American Civil War days showed a limb made of wood which was later covered with stretched rawhide applied when wet.

American industry has indicated a tremendous use of artificial limbs, although nothing approaching the scale suggested by ¹Philip Wilson, "Principles of Design and Construction of Artificial Legs," Red Cross Institute for Crippled and Disabled Men, p. 8.

changes following the World War. Since that time it has virtually become a new and even a revolutionized industry, especially from the standpoint of output. With the manufacture of artificial limbs has grown up the phase of re-education necessary to the use of such appliances. Indeed it has seemed that the last mentioned phase has become no less important than the construction of these limbs. It is easy to conceive that such an appliance if cumbersome, heavy, unsuitable in many ways, inconvenient, or uncomfortable, may become a serious liability or a burden where by all odds it should be an appliance to promote esthetic and physical comfort as well as vocational and general efficiency.

Place of artificial members.—In many instances genuine rehabilitation of the physically disabled is impossible without the administering of prosthesis or the supplying of artificial members. It is equally certain that for a few cases, at least, prostheses constitute the major part of the rehabilitation process. Whatever the degree of disability may be in the situation of amputation cases, just that much of restoration is necessary before rehabilitation can proceed in a sensible fashion. The rehabilitation agent working on the case, the social service worker interested, the instructor concerned or the labor foreman must one and all look the matter of physical restoration squarely in the face and not only accept the situation but make genuinely sincere attempts to see that the physically disabled person is given most careful consideration and attention in this respect. Any one of the workers who shirks this phase of rehabilitation is manifestly not doing his full duty on the job.

Extent of restoration by prosthesis.—How much of restoration can one accomplish through the means of artificial members? That will depend upon several factors. In the first place, the extent of the disability will be vastly important. A person having suffered the loss of a leg is in a serious plight physically and vocationally. Where his re-education would involve the use

of his hands, the sooner he has obtained an artificial limb the sooner will his hands be free for training. In this no account is taken of the psychological aspect of the case whereby prosthesis creates a state of mind which makes the disabled person feel like a normal person.

In the next place one will need to consider the availability and suitability of certain prosthetic appliances. The disabled person who is far from the source of supply may have some difficulty in actually arriving there for the relief obtained through prosthesis. A distance of several hundred miles may mean inconvenience occasioned by more than one trip to the supplying agency. Then there is the possibility that the nature of the disability may be such as to make travel of any sort difficult. On the other hand there is the bare possibility of having obtained an unsuitable appliance unless the most careful advice has been given by the rehabilitation agent or other disinterested persons. It is true some prosthetic appliance firms render a high degree of service in this respect and fortunate it is for the disabled that such is the case. There are a sufficient number of instances on record of unsuitable appliances fitted to make justifiable the statement that many a disabled person has failed of genuinely thorough rehabilitation because of the malfitting of a prosthetic appliance.

Financing the appliance.—Then there is the question of financing an artificial member. Where the disabled person comes under the provisions of a state compensation law which provides that such a member shall be furnished, the question obviously does not exist. Where the state government is committed to the policy of furnishing the cost of an artificial limb out of rehabilitation funds on the ground that it is a proper charge against rehabilitation costs, there is likewise no question. On the other hand, where the disabled person requiring prosthesis does not come under either of these headings, the problem becomes somewhat acute.

Where the disabled person is able to buy the artificial member from his own resources and fully intends to do so, it is manifest that there is no problem of financing prosthesis. Where there are relatives or interested friends or others who have indicated or pledged that they will provide for the artificial member there is again no problem. Or, to take another case, some one interested, as a near or distant relative, a friend or a neighbor, or some public spirited citizen or some local organization of private or semi-private character, may indicate a willingness to loan the necessary funds to the disabled person that he may purchase the appliance with the understanding that he will repay the loan at some future date when he has become selfsupporting. All of the above instances, as noted, are not a matter of genuine concern for the rehabilitation worker. It may not be necessary to mention, of course, that he should nevertheless keep himself informed in regard to the progress of this phase of his client's rehabilitation and should any hitch occur. stand ready to render such assistance as may be appropriate.

However, occasions arise in which no one of the above instances apply and the client in need of prosthetic appliances must look in other directions for the means necessary to procure this very much needed part of his vocational restoration. One suggestion comes from official sources that should be given serious consideration before any appeal is made for relief to any public or semi-public agency. It is as follows: "On general principles, it would be wise to take up the matter with the employer in whose establishment the person met with injury. Although the employer may feel that when compensation is paid his obligation ceases, experience has shown that many employers are willing to give assistance to their employees who have been unfortunate and are willing to provide artificial appliances, espe-

²Bulletin No. 70, Industrial Rehabilitation Series No. 3, "Services of Advisement and Co-operation," Federal Board for Vocational Education, p. 23.

cially when it is shown that these will serve materially in reestablishment of the person in industry." It is entirely possible, too, as the bulletin points out further that the two, employer and employee, might be willing to share equally or even on some other basis, the cost of the appliance. When that fails, it would seem that the only way open is to seek relief through the usual public channels of city, village, town or county, which organizations would then dispense or appropriate funds for that purpose according to the statutes of the particular state bearing upon public charity or relief. When this could not be done for some reason or when it would not seem advisable for any reason to make the request, the question might be referred outright to some quasi-public or a genuinely private organization. This, however, involves the whole question of relief, not merely that of providing prosthetic appliances, and as such will be carefully treated in Chapter XVI in connection with "Maintenance."

Provisions in compensation acts.—Provisions for the acquisition of artificial members by those who are disabled in industry show some very interesting situations. Workmen's compensation laws in a number of states make it incumbent upon the employer or insurer to furnish artificial members as a part of the medical and restorative care required to be given an injured employee. It is not too much to state that where the statutes cover such expenditure the situation for injured workmen coming under the compensation law is materially better than elsewhere. It is a feature of legislation that might well be emulated by those states which do not have such a provision. California, Minnesota, Nevada, New Jersey and Wisconsin are states doing civilian rehabilitation service which have this feature in their compensation laws.³ Maryland has a provision but as medical service is limited to \$300, it is often ineffective. Oregon has

^a Data compiled from Bulletin 272, U. S. Bureau of Labor Statistics, 1921, "Workmen's Compensation Legislation of the United States and

a curious statute bearing upon the matter which reads as follows: "In the case of an injury resulting in the loss by any workman of a leg or arm, that can be replaced to advantage with an artificial leg or arm, the commission shall supply the injured person with one of the best quality, but said artificial leg or arm shall be and remain the property of the State of Oregon and shall be so stamped and identified that it cannot be sold by the possessor. The injured workman shall have the right to select such artificial leg or arm subject to the approval of the Commission." (Acts of 1913, Chapter 112, as amended by Chapter 288, Acts of 1917, Section 23.)

Washington also covers artificial members in the medical clause of its compensation act but this is not as liberal as it might be because the workers are required to contribute half of the medical fund.

In addition to the states mentioned there are five states which provide full medical expenses under the compensation law without mentioning artificial members. These are Connecticut, Idaho, New York, North Dakota and Ohio. As the Connecticut law has been interpreted to cover artificial members also it is possible this may be done in the other jurisdictions.

Provision under rehabilitation acts.—Several of the early rehabilitation acts followed the example of New Jersey and included a paragraph authorizing the provision of artificial members to disabled persons at cost, to be paid for in easy instalments. The Federal Act makes no mention of artificial members, and the general policy of the Federal Board has been not to permit the expenditure of state and matched funds for purposes of physical restoration. As has been seen, this is because the emphasis of the act is on the educational phase. However, the board soon made an exception to the general policy, or an interpretation relating artificial members to the vocational side

Canada," by Lindley D. Clark and Martin C. Frincke, Jr., and Bulletin 332, 1923 (Lindley D. Clark).

under certain conditions rather than to the therapeutic side. The modified policy was stated as follows: "Expenditures from Federal or matched funds for prosthetic appliances are considered legitimate when they are essential to the vocational rehabilitation of the individual. It should be noted, however, that the purchase of artificial appliances for physical reconstruction alone is not permissible under the Federal Act."

This interpretation has made feasible the purchase of artificial members by state rehabilitation agencies in many cases. It has been quite largely availed of. In a number of the states, however, public policy has apparently been opposed to the adoption of such a course, as involving an extension of the public relief principle. In these instances the board for vocational education has declined to authorize the practice, despite the favorable attitude of the Federal Board. Among the states which have taken such a position are California and Minnesota.

Theoretical value often not realized.—Even the most casual observation will reveal that very often the value of artificial members is only theoretical. That is to say the disabled person frequently becomes so accustomed to the condition of physical handicap, so well adjusted to its inconvenience and the loss of power that it entails that he soon forgets that he ever had any other condition—if indeed he has known any other. Adjustment to prosthetic appliance is frequently so harsh and difficult as to be well nigh discouraging. To some the readjustment to such appliances is always accompanied by some discomfort or even acute pain. The former condition had brought its own readjustment with perhaps a simple appliance or a crutch or two or a cane. This new condition means a new readjustment and one by no means pleasurable in its beginnings. Why wonder then at the attitude of the disabled one who says he will have no more of it or who indeed simply neglects its use? Small

⁴Bulletin 77, Federal Board for Vocational Education, Industrial Rehabilitation Series No. 6, p. 10.

wonder that many an artificial hand or arm or less often a leg reposes peacefully in an obscure closet. The value of such appliance to that person is very little, its actual and esthetic qualities being really nil. In theory the appliance has been quite apt; in reality, to him, it has been nothing.

Value in obtaining employment.—There is one phase, here, however, which cannot be overlooked. If the practical as opposed to theoretical means that which will enable one to obtain and hold a position then there is still something to be said about this matter. The disabled person who hobbles into the employment office of an industrial concern may be disappointed about that position which he had hoped to secure. The man with an empty sleeve may receive only scant courtesy when he applies for the job in reply to a morning paper's "want ad." The young man whose hand is off at the wrist may not appear to good advantage; the disability is altogether too apparent to the discriminating employer of labor. "Why," asks the employing superintendent, "should I take this man? How do I know that he can do the job?" It is the old story of putting the best forward. A substantial, well articulated artificial leg not necessitating even a cane, the empty sleeve filled with an arm that to all intents and purposes does nearly as well and looks fully as well as the natural member may turn the trick not by its seeming deception but by the sense of proportion which it gives the employer who is giving the applicant a hasty survey. Just that moment of decision may or may not be affected by the substantial though sometimes halting gait of one natural and one artificial leg, by the empty sleeve or the rather more business-like one possessed by a person who may need every possible bit of visible capital or resources.

Mr. C. N. Woodruff, rehabilitation officer located in Detroit, in a paper read at a regional rehabilitation conference at Grand Rapids, Michigan, in April, 1925, made the following statement: "An automobile manufacturer in Detroit has a fixed policy with

regard to its own cases of rehabilitation, which may interest you. All men with arm amputations either above or below the elbow are expected to wear an artificial arm; this request applying to janitors, watchmen, clerks, accountants, and foremen. The company considers this policy as a measure necessary to the working morale of the men, whether the job at hand actually necessitated an artificial member or not."

The fitting of artificial limbs.—Successful rehabilitation in so many instances, as stated earlier in the chapter, depends in the first place upon genuinely successful prosthesis that it seems particularly appropriate to preface the discussion by reference to an expression quoted approvingly by Dr. Albee:

"Little attention has been given by surgeons to the fitting of artificial limbs. As a rule, the surgeon rarely sees his patient after the healing of the wound, but turns him over, usually without supervision, to the care of the artificial limb maker. Hence the surgeon loses one of the most valuable means of control in the perfection of his technic and frequently errs in comparatively simple details which a knowledge of the fundamental points of the artificial limb maker's art would enable him to avoid. It seems wise, therefore, to call attention to those points in the technic of amputations which have a direct bearing on the fitting and wearing of a substitute."

Dr. Martin 6 has indicated that "the functional value of a stump is determined by its efficiency when fitted with a prosthesis." There are several factors which assist materially in establishing this functional value. In the first place, there is the condition of the amputation stump. What is "its length below the last joint"? What freedom of movement "is there in the amputated limb"? What facility have the muscles in moving the stump? Then there is the condition of the "scar

⁶ Albee, Orthopedic and Reconstruction Surgery, p. 100.

^e Florent Martin, Artificial Limbs, p. 11.

area," its sensitiveness, etc. Another factor is that of the patient's condition. Even the most casual observation will note much variation among disabled people fitted with prostheses. Some experience great difficulty, others apparently achieve results that are both gratifying and astonishing. Some walk and work with ease even after a comparatively short time in adjustment. Dr. Martin says: "I have long noticed that the will of the patient is usually dependent on the educative principles applied."

Orthopedic appliances in themselves are a factor in functional restoration that cannot be ignored. However, Dr. Martin insists that this factor is not so important as the condition of the amputated stump and the psychological condition of the disabled person. He maintains that lower limb amputations interfere less with vocational success than do those affecting upper limbs. With the exception of a case where both thighs are amputated (a very serious disablement), leg amputations do not offer insurmountable difficulties in regard to occupation or locomotion. Dr. Martin refers repeatedly in his discussion to the psychological factor as being very important, even though the nature of the orthopedic appliance as determined by the amputation is important also.

Prosthesis following mutilations.—The care and treatment of mutilations is concerned with three distinct phases: first, the surgical treatment; then, the corrective treatment which would logically precede prosthesis, and, finally, the actual administration of prosthesis itself.

The discussion at this point need not be concerned greatly with the surgical treatment except to say that modern methods of amputation, especially since 1914, have made that matter a comparatively safe procedure. More efficient methods of amputation, of care during healing and after have likewise affected favorably

Martin, op. cit., Chapter II.

the fitting of artificial limbs. Dr. Martin says that the treatment of amputation wounds is * "simpler, less cumbersome, especially in the dressings, and generally painless."

In connection with orthopedic treatment prior to limb-fitting, the best practice seems to suggest a plan of easy and logical exercise. The long healing period that necessarily follows an amputation may be insidious in that it induces inactivity. Dr. Martin found that after the wound had healed sufficiently, a patient might begin to exercise his stump by turning it gradually in every direction. At first such movement is very difficult, owing to the fact that one has forgotten the appropriate reflexes, but before long action comes, following persistence, and, as Dr. Martin puts it, "the battle is won."

The orthopedic treatment of amputations as accomplished by prosthesis has a very interesting history. Recent war history shows that disabled men who had suffered amputations generally required some sort of prosthetic appliance as soon as possible, even though it was only of a provisional character. Necessity dictated such a policy inasmuch as the source of supply of suitable artificial limbs was not nearly so great or active as it was subsequently. Hence it became necessary to provide an appliance, temporary though it might be, which was built nevertheless upon scientific principles. It also developed, however, that these provisional prostheses had a remarkable therapeutic value in that they predisposed the patient favorably towards the later permanent appliance, and furthermore they provided exercise for the stump which was absolutely necessary to its proper growth and development.

Reasons for temporary prosthesis.—It seems that an "amputation stump undergoes rapid regressive development as soon as it begins to move an artificial limb." ¹⁰ It is a perfectly logical

⁸ Op. cit., p. 15.

^{*} Ibid., p. 17.

¹⁰ Ibid., p. 17.

thing biologically to expect that such members will develop by use and atrophy through disuse and that provisional prosthesis is sensible and logical from the standpoint of limb fitting processes having permanence in view. As an economical proposition it is sound in that while the amputated leg is "coming back," certain functional aspects are revived by means of provisional prosthesis and the process is aided by temporary inexpensive prosthesis that may be dispensed with when the permanent artificial limb is finally provided. At least such is the view of Dr. Martin, who says further that patients with leg amputations should be able to walk with ease eight days after the amputation, provided that the proper surgical and orthopedic treatment has been given. He also states that a thigh amputation under similar circumsances would not need to be kept in bed more than fifteen days.

That a similar view regarding temporary prosthesis is held in America is shown by a statement made at a conference of rehabilitation workers under the auspices of the Federal Board for Vocational Education at Signal Mountain, Tennessee, June 22-24, 1925. It is: 11 "Mr. Stanton of North Carolina outlined for the group a method of stump shrinkage which he is using in North Carolina. It has been the experience of several state men that within a few weeks after an appliance is fitted the stump shrinks to such an extent that the appliance is too large, and thereby causes trouble. Mr. Stanton outlined a very simple method whereby a plaster cast is made for the stump shortly after amputation, said cast being built in the lower portion of a crutch. The man uses this cast until the stump is properly shrunk, at which time the appliance is fitted. Either a physician or a representative of the artificial appliance company can make this cast. The cost ranges from \$15 to \$25."

Increasing use of pylon.—The importance of early weight bearing for the treatment of amputations of the lower limbs is

¹¹ Miscellaneous 701, Federal Board for Vocational Education, p. 14.

coming to be more generally recognized in America than it has been. The past few years have seen the development and increasing use of an improved type of pylon as a temporary appliance. It is cheap, and change of socket to keep pace with stump shrinkage can be made at small expense. It bids fair to replace the prevailing American method of fitting with the permanent prosthesis and adding stockings from time to time to insure a good fitting as the stump shrinks.

Character of lower limb prosthesis.—Martin has classified lower limb prosthesis as follows: 12

- 1. leather—European prosthesis
- 2. wooden—American prosthesis
- 3. miscellaneous—celluloid, aluminum, wood fiber, shavings, etc.

The year 1914 seems to stand out as the pivotal one when significant changes were made in artificial limb manufacture. It seems that wooden limbs were not in general use in Europe up to 1914. The European prosthesis consists of molded leather and metal plates as a supporting structure. But leather is porous, heavy, unstable and decidedly unsanitary. The metal plates, because they cut and are too hard for the foot, have proved to be unsatisfactory. From the standpoint of science and manufacture, European prosthesis is unsuitable. Martin speaks of American prosthesis as being more highly perfected.

Wooden prosthesis, known as American, seems to be in rather general use now wherever artificial limbs are used at all. The thigh piece, the shin piece and the foot, in reality the constituent parts are made out of solid wood, preferably mountain willow or bass wood. The socket is constructed from a solid block of wood usually by means of a cutting machine of high efficiency. Theoretically it does a perfect job, but practically, of course, no such result is accomplished and considerable readjustment is necessary, even to replacement.

¹² Martin, op. cit., p. 47.

American limb superior.—Martin describes the American limb as ¹³ "light, strong and very mobile; it is clean and its upkeep is comparatively simple. The chief difference between it and the European prosthesis is that it is more mobile and simpler." Apparently the American limb is superior to the European limb in several respects, notably that of its free knee joint where the latter has a fixed joint. Probably the most that may be said against the American limb is that its effect on the stump is hard and irritating.

American limb makers have shown a tendency to co-operate in bringing out appliances that meet with general favor and in meeting objections to their product by suitable and proper changes. One rather marked difference in European and American prosthesis for lower limbs is shown in the hip joint and abdominal belt of the former and suspender attachment over the two shoulders in the latter. Sometimes the American wooden limb is covered with thin leather. Occasionally certain segments below the socket are made of fiber. English and Italian limbs are sometimes made of aluminum or duraluminum. While light and strong, such limbs would have the very obvious objection of metallic sound.

Another material used to considerable extent is vulcanized fiber. The limb proper is made of sheet vulcanized fiber, while the stump attachment is made up into a laced thigh piece of molded leather. Their good qualities are lightness and strength.

Need for individualized treatment.—In regard to mass production it is worth while to quote Dr. Martin at some length here: "I systematically avoid mass production, believing that prosthesis is strictly individual. . . . The appliances are adapted to each individual case and an amputee is treated as a patient to be advised, helped and cured. We try to get into touch with the patient immediately after the amputation, advise on the

¹³ Ibid., p. 48.

¹⁴ Ibid., p. 94.

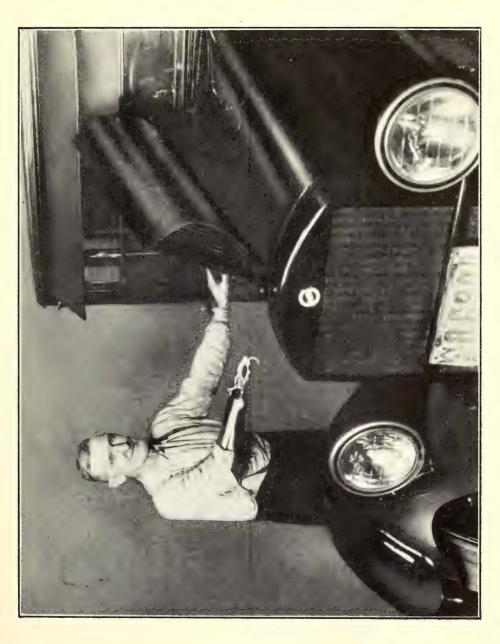
treatment while he is still in bed, and fit a provisional appliance for therapeutic purposes as soon as possible. He is taught to walk with the simple prosthesis, which is renewed as often as necessary; when the stump has reached its final form, the permanent prosthesis is made. We fit it, and direct the first efforts of the patient with advice and help. Not until the patient has recovered a power of locomotion approximating to the normal is he left to himself.

"Every amputee has lost the use of his reflexes; he must be re-educated in walking and to achieve this result it is necessary to proceed from the simple to the complex; the therapeutic prosthesis is the simple, the final prosthesis the complex. Only an orthopedic surgeon is in a position to conduct successfully the complete and scientific treatment of an amputee."

Upper limb prosthesis.—Manual workers frequently do not benefit so much from upper limb prosthesis as do professional workers. Nevertheless, there is reason to believe that the difficulty consists as much in the incredulity of employers as to what can be accomplished with an appliance as in the limitations of the appliances themselves. Many of the artificial limb manufacturers can point to clients who are getting along successfully in manual lines with the use of a hook appliance or special device. Some of them even make it a point to hire persons so disabled and so equipped and do their part to demonstrate the wider field of usefulness of the prosthesis. With the professional worker the dress prosthesis is almost a necessity in order that he may present a better appearance.

Working prosthesis.—Martin says ¹⁵ that working prostheses are most useful for upper limb amputees. Probably the "universal" tool holders are not as useful as the appliances which are used for specific purposes. Without doubt the character of the mutilation or disability determines greatly one's efficiency when fitted with artificial arms or hands. One who has suf-

¹⁵ Op. cit., p. 297.



ONE-ARMED MAN WITH MECHANIGAL BENT TRAINED BY WISCONSIN REHABILI-TATION SERVICE, MAKES GOOD USE OF PROSTHESIS, SEE APPENDIX B.2



fered disarticulation of the shoulder may scarcely hope to do specialized manual work, but must turn his attention to activity other than that.

Dr. Martin maintains there is still much improvement to be desired in upper limb prosthesis. The problem, he says, will be solved through scientific research together with the co-operation and activity of the surgeon and the limb maker.

Some comments by Dr. Albee on arm prosthesis are also of interest: ¹⁶ "Experience has proved that it is best to employ the simplest artificial limb, and that the aim should be to replace not the anatomical but the physiological loss. The artificial arms supplied by the French Government are of two types: (1) Moulded leather arm-piece and wooden hand, with movable thumb for which other fittings can be substituted, such as a hook or ring, etc. At the elbow of the first arm there is a joint allowing flexion and rotation. At the wrist, a pair of jaws is attached by a ball-and-socket joint. All these joints can be locked in any position. The powerful jaws are designed so that they will hold tools of almost any character. The jaws can be detached and the conventional wooden hand can be substituted. (2) A steel arm designed by Professor Amar.

"The second prosthesis is made of thin sheet steel and includes a hand with artificial fingers which are actuated through the means of a cable by movements of the shoulder or the chest, less often the latter. It possesses an especial advantage for those engaged in light occupations."

Kinetic stumps.—Much hope for a superior type of arm prosthesis for the future is held out by the experiments to develop what is known as a "kinetic stump." These originated in Italy and aim to secure a high degree of control of attachments. Albee discusses the idea as follows: 17 "Vanghetti and later Ceci attempted the utilization of the latent muscular force of the stump

¹⁶ Albee, op. cit., p. 1033.

¹⁷ Ibid., p. 1012.

by freeing the tendons or muscle bellies in such a way as to enclose them with skin flaps. These flaps could then be moved by voluntary muscular contraction of the patient's stump. During the last three years the method has been modified by Sauerburch (until recently Professor of Surgery at the University of Zurich) and its technic developed so that it may be regarded as a perfected surgical procedure. . . . Excellent though the operative results are, the practical benefit to the patient has thus far been slight, owing to the difficulty in constructing a prosthesis capable of utilizing the muscular force placed at its disposal. If this mechanical procedure can be solved, the Vanghetti procedure will constitute an important advance in our methods of treating the amputated."

Manufacture by philanthropic agencies.—The supplying of artificial members is generally conceived to be a commercial venture. Aside from interesting instances of experimental manufacture at the hands of certain European experts, the field of production may be said to be almost entirely on a commercial basis. So thoroughly fixed is that idea in the minds of citizens generally, if they have thought about it at all, that any single exception to that rule will attract attention even from those whose knowledge of the work is, after all, only casual.

One philanthropic agency to come under this exceptional category is the Institute for Crippled and Disabled Men in New York City mentioned in Chapter II. The reasons why the Institute took up the manufacture of artificial limbs are as follows: "Many employees will hire a man with an artificial limb who will balk at a man on crutches. And the continual support of the body by means of crutches may have an unfavorable effect upon the use of the hands. To get a man off his crutches may, therefore, be an important step in his industrial rehabilitation. But the high price generally asked for artificial

¹⁸ John Culbert Faries, "Three Years of Work for Handicapped Men," Institute for Crippled and Disabled Men, p. 19.

limbs has barred many men from a return to remunerative toil. The man without means to buy an artificial leg is apt to find himself in a vicious circle: he cannot get a job because he has no leg, and he cannot afford to buy a leg because he has no job. Some charitable organizations have endeavored to pry a man out of the vicious circle by buying a leg for him and enabling him to pay for it in instalments.

"The advantages of the limb shop have been reaped by 377 civilians who have had limbs made. Limbs of the most approved type and best material, made by expert workmen, are furnished practically at cost to needy persons. Those who cannot pay for an artificial limb in a lump sum, and whose chances of earning a livelihood would be improved by the possession of one, can arrange for small weekly or monthly payments as their circumstances will allow. In such cases the cost of the leg is borne by a special fund, provided by the Women's Committee, into which the deferred payments are turned, thus becoming a kind of revolving fund for assisting needy persons."

Services rendered by commercial agencies.—Those firms and business houses which are engaged in the manufacture and sale of artificial limbs and appliances are able even though engaged in a purely commercial enterprise to render service to the work of rehabilitation that is well nigh indispensable. The service in helping to bring about a good fit is especially important. This is absolutely essential to a successful use of an artificial limb. At this point many manufacturers may fail seriously to grasp the importance of their work from the standpoint of its social service value, to say nothing about its value to them in the matter of future business through the logical advertising given by satisfied customers and clients. It requires an understanding of human psychology that is both sane and practical. process of fitting an artificial limb is delicate at the same time that it is important. The work is no place for a blunderer who may not merely turn away a disgruntled client but predispose him malevolently so that future fitting will be both difficult and precarious.

Ways of securing good fitting.—Edward J. Benson, Assistant Supervisor of Vocational Rehabilitation, located at Cleveland, Ohio, discussed the subject as follows in a paper read before the National Civilian Rehabilitation Conference in October, 1925:

"Everyone doubtless has had the same experience in having some artificial limb manufacturers think this service was created for the purpose of supplying them with business, and who undertook to appoint themselves as volunteer agents and proceeded to go out and beat the bushes for the purpose of locating all the old cases who could not purchase appliances and referring them for the sole idea of getting an order.

"After a year of this method, it was concluded that the only possible way of handling this correctly would be to dictate suitable terms, and with this in mind a prominent limb maker was called and conditions under which orders would be placed was explained.

"First, all measurements should be taken at the limb shop and the man who took the measurement should make the limb from the foot to the enamel. Second, no measurement should be taken until the stump was properly reduced. Third, I must be present at the final fitting to see that the amputee is properly instructed to walk, that he receives assurance that any repairs necessary to any part of the limb or harness would be made free of charge the first year. This also includes a reliner if necessary the first year. The amputee is instructed to return to the limb shop every day for the first week, and after that as soon as he found it necessary to wear two stockings. Under these conditions we in Cleveland have ceased to worry over what was once the most disagreeable part of our work."

Demonstration of employment.—Frequently the commercial organization serves as a convenient and a highly desirable place

of employment for the physically handicapped. The very atmosphere of the place seems to be of the sort that would encourage such a person to activity. Then there is the nature of the work itself which is conducive to the situation and vocational needs of crippled people. An artificial limb manufacturing establishment does not require a great deal of walking. There are many bench jobs. The standing jobs may be occupied by those with arm disabilities. Clerical work is very aptly done by those who have either leg or arm disabilities. Manufacturers of artificial limbs, too, frequently see the advisability from the standpoint of establishing morale in prospective clients by the employment of disabled persons, especially those who have been suitably and efficiently equipped with appropriate prosthesis. It is a lesson in adjustment to situations that makes a strong appeal to the disabled person who has some psychology to overcome in procuring artificial members and becoming accustomed to them.

QUESTIONS

- 1. In what respects are artificial limbs, as they are known at present, a genuinely modern appliance?
- 2. What other plans of financing artificial members, in addition to those suggested in the text, might be discussed at this point?
- 3. How would one describe the psychology which makes a better case for the disabled man possessing a neat and comfortable artificial arm as against him who carries an empty sleeve?
- 4. Discuss the soundness of temporary or provisional prosthesis from a re-educational standpoint.
- 5. Evaluate the respective contributions which may be made to rehabilitation by philanthropic and commercial manufacturers of artificial limbs.

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CHAPTER VII

PRELIMINARY EDUCATION OF CRIPPLED AND OTHER DISABLED CHILDREN

Worthy movements sometimes wait interminably, it seems, for their culmination or even a fair start. Cubberley calls attention to that long and at times apparently hopeless conflict which extended over a half century of American history and which finally gave to this country that public school system so peculiarly an American institution. It was a long time in the making, this public school which Americans rightly prize so much. Many and various are the sources which contributed to its support. Cubberley 1 has well stated what might be the capsheaf of early American educational movements in the following paragraph:

"By the close of the second quarter of the nineteenth century, certainly by 1860, we find the American public school system fully established, in principle at least, in all our northern states. Much yet remained to be done to carry into full effect what had been established in principle, but everywhere democracy had won its fight, and the American public school . . . may be considered as established permanently in American public policy."

Long neglect of crippled children.—This introduction has been necessary as a background to show how well established public education was before education of the crippled child was even contemplated in any manner whatsoever in America. Cubberley makes it eminently clear also that this well established public

¹Cubberley, Public Education in the United States, pp. 211-12.

school system of the third quarter of the nineteenth century was the result, too, of a battle for free public schools waged over a half century. What is equally interesting at this point is the fact that education for other types of handicapped children was taking root and becoming as well established in some respects, though on a private basis, as the public school system. Education of the deaf in the United States was begun in 1817, and instruction of the blind was started in 1832. Education of crippled children in America, on the other hand, did not begin until 1861.

Europe equally slow to act.—European countries present a situation no less interesting when it comes to a notation of the beginnings in education of the crippled. Germany heads the list with the year 1832—twenty-nine years before a similar movement began in the United States. After America's entry followed Denmark in 1872, Sweden in 1885 and England in 1886. These adoptions are the more significant when one reflects that in the United States Horace Mann's appointment as secretary for the newly created Massachusetts Board of Education antedated the education of crippled children by a quarter century. Similarly one should recall that Germany's adoption of the work followed closely upon the activity of that inspiring and unselfish teacher and lover of children, Johann Heinrich Pestalozzi, and that nearly a half century elapsed before another European country followed in Germany's footsteps. Even thirty vears intervened between the close of the careers of Herbart and Froebel, likewise devoted to the development of children through teaching, and the adoption of crippled children's education in any European country except Germany. Truly, the "mills" do "grind slowly" and sometimes even "small" in education as in other kinds of endeavor.

Foreign systems.—As indicated above, Germany was the pioneer nation in the movement to educate crippled children. Kurz, a philanthropist of Munich, became greatly interested in

the crippled children of his city to the extent that what was known as the Kurz Foundation came into existence for their special benefit. He was impressed with the unfortunate condition in which these children always found themselves both as to social status and vocation. His plan contemplated and achieved signal success, in that 90% of such children in Munich over a period of a quarter century were able to earn their own living after training in the institute for which Kurz was responsible.

Denmark, as the next European country following Germany in a chronological order, is said to have founded the model school on that continent for crippled men, women and children. The aim is that of rendering its pupils self-supporting to a considerable measure. Its workrooms provide for the occupations that bear upon cloth and leather, especially such articles as the pupils themselves will use. It is interesting to note that here are a number of pupils who wear appliances which enable them to use tools appropriate to their respective trades. The institution also includes such indispensables to the work as a clinic and a home.

Schools in Sweden and Britain.—Sweden has schools open to crippled adults and children. Its industrial schools for crippled adults were opened first at Gothenburg and Karlskrona. Crippled children are taught by publicly supported teachers who instruct them in their homes and not at school. Careful curative and corrective exercises, characteristic of Swedish gymnastic education, are given constantly and without charge.

Great Britain maintains schools for crippled children which are an integral part of its public school system. Housed in special buildings having furniture and equipment especially suited to their needs they are the object of considerable attention by the public. London naturally provides the largest number of schools. Instruction is said to be superior to that of any other country. The work of Mrs. Humphry Ward in behalf

of English crippled children has attracted wide attention. This activity includes efforts in the direction of education, transportation, housing and research.

Beginnings in the United States.—The Hospital for the Ruptured and Crippled is the title given to the first institution in America which employed teachers for crippled children. This institution, as was noted previously, came into being in 1863 in the City of New York. The Visiting Guild for Crippled Children, affiliated with the Ethical Culture Society is perhaps responsible for the earlier efforts of welfare workers to assist crippled children educationally. The Children's Aid Society of New York seems to have been the first to open schools. As in all similar movements elsewhere, provision was likewise made here to secure proper nutrition and suitable transportation between home and school.

First activities in public school.—Then followed an interesting period of co-operation through various private guilds, each one promoted with the idea of alleviating some troublesome phase or promoting some worthy aspect of the whole movement. Two of these guilds later joined their efforts with the New York City Board of Education. It seems that private endeavors were numerous up to 1906 when the first joint plan was made. Features of the arrangement were teachers and equipment supplied by the City Board of Education with buildings, transportation and nourishment provided by private agencies. This departure proved successful enough to warrant, in the following year, classes for crippled children in the public school program, wherever the arrangement could be accommodated to the existing schedule and rooms.

Chicago adopted education for crippled children in 1899, with the usual provisions regarding hot lunches and transportation. Boston began its work in 1894, giving much emphasis to industrial work. Printing especially was given. Philadelphia was fortunate in obtaining the Widener Memorial Industrial Training School for Crippled Children with an endowment of three million dollars. Its outstanding features have been academic education, encouragement of superior mental ability, and commercial education.

Beginning of schooling in hospitals.—"Your children know the green lane, the babbling brook, the trembling leaves of the trees and the blue of the sky; they run and leap and play; but there are those to whom the sky is drab, the alleys unkempt and the vista unlovely; whose backs are hunched or whose limbs are withered, children to whom opportunity is denied. Yet these children of misfortune, victims of disease, of accident, or of sins of their fathers are to live with our children; are to be optimists or pessimists, happy or miserable, assets or liabilities, as the community may elect. To open the way to happiness; to build up faith and confidence; to inspire courage and self-respect, this is the work of the schools for the handicapped."

Such was the opening statement of an American superintendent of schools, Peter A. Mortenson,² who addressed a national convention of teachers less than three years ago on "Chicago's Public School Classes for Crippled Children." It can scarcely be an exaggerated picture, as it indicates both the seriousness and hopefulness of this problem. Once the people recognized the need of care for crippled children, they soon recognized the equally pressing need of educating them in some manner, if for no other reason than the therapeutic value derived therefrom.

Conditions of hospital schooling.—A hospital is concerned mainly with the physical aspect of the crippled child, the correction, growth and development of the body so as to make the child as healthy an animal as possible. The hospital is not a school as such. It makes no pretense of being a school where

² National Education Association Addresses and Proceedings, 1923, p. 916.

training, academic or vocational, is given. Its purpose is the one stated above—purely physical.

In so far as it has assumed educational work within its own walls, it has done so because of necessity or expediency. In so stating, there is no criticism intended of the arrangement that still continues and is even fostered, namely, a closely affiliated school, even under its own name which takes efficient care in an educational way of its children. In fact, there is an obligation here which cannot be ignored by the hospital, inasmuch as it is morally bound to do any legitimate thing which will enable any child committed to it to recover or attain as soon as possible a normal status in society.

Ordinary public schools unsuitable.—It goes almost without saying that a badly crippled child is scarcely fit or able to attend normally or to work with normal results in the usual and regular classes of the public school. In the first place, the usual facilities of the public school are not suited to this child. There are long stairs to climb and there are seats and desks that cannot be accommodated to his particular physical disability. He cannot pass to and fro in the usual manner of passing in the public day school. In fact, everything about the school is adjusted, and properly so, for the normally physical child. It does, therefore, place an extra burden upon the teacher in the way of an individual readjustment which, though she may be perfectly ready to attempt it and be genuinely sympathetic, still she may find it exceedingly difficult in view of the demands which the physically normal pupils will make on her time.

For the reasons stated then, hospitals found it both expedient and desirable to provide educational facilities for their crippled children. "The instruction in hospitals, however," says Mrs. Edith Reeves Solenberger, "is always incidental to the physical

³ Mrs. E. R. Solenberger, "Public School Classes for Crippled Children," U. S. Bureau of Education Bulletin No. 10, 1918, p. 8.

cure of the children. It is often undertaken because a small amount of study amuses the children and is thought by the doctors to facilitate their cure, rather than because much educational advance is expected."

Question of restoration first determined.—One of the first considerations that will come before the administrator and the teacher of crippled children under any auspices will be the permanence of the disability which the child has. Whether or not his disability may be corrected to any degree whatsoever will make some difference in the plans for his education. At this point it is appropriate to quote from Mrs. Solenberger again: 4

"Some of the problems which must be solved in the education of crippled children are produced by the fact that both curable and incurable crippled children are usually taught in the same special classes. A large proportion of crippled children can be cured or so far helped that in the course of time they will be able to re-enter regular classes in the public schools. Many of these temporarily crippled children find in the special classes a much needed opportunity to 'keep up' with their school work in so far as their physical condition permits. But there are also considerable numbers of crippled children whose cure is impossible or possible only after years of treatment. These children need a complete system of education which will develop such powers as they possess."

Bedside instruction.—An appropriate means of providing educational facilities for crippled children in hospitals is through bedside instruction. Mrs. Solenberger has commented upon this briefly as follows: ⁵

"In one case the teacher gives three hours on each of two afternoons for class work and the same amount of time on two

⁴ Edith Reeves, "Care and Education of Crippled Children in the United States," Russell Sage Foundation, p. 49.

⁵ Reeves, op. cit., 52.

other afternoons for teaching bed patients; at the other hospital a volunteer teacher spends about two hours and a half in the morning, two or three times a week, with the bed patients." The value of such instruction to children who may remain in bed for a considerable time can scarcely be overestimated.

Genuine instruction in hospitals.—The schools in connection with orthopedic hospitals have come to be more than merely instruments of expediency, however. It is well that such is the case. For inasmuch as some crippled children may remain in the institution for some time, it is obvious that education touching real needs of these children should be attempted. Some of these children will remain in a hospital a considerable time, even in the case of a more or less temporary disability. John E. Fist in a paper on "The Institution Care of Crippled and Deformed Children" says: 6 "Among the temporarily crippled are those suffering from tuberculous disease of the joints or spine, who require careful nursing and treatment for a number of years, thus preventing school attendance and the ordinary activity and training of childhood. Fully 90% of such cases, when placed under favorable circumstances for a sufficiently long period, may reasonably be expected to recover with little or no disabling disability."

Hence there is every reason why a crippled child committed to a hospital should have any reasonable opportunity that exists or which may be created that will make for his general progress. If the hospital can give him the beginnings, the fundamentals or the essentials which will fit him into a practical world, then so much the better.

Practical side urged.—In an article describing the work of Edgar F. Allen, President of the International Society for Crippled Children, W. R. Comings says the following: 7 "It is a part of Mr. Allen's doctrine that cripples should not be de-

^e Proceedings of the National Conference of Social Work, 1920, p. 228.

Current History, Vol. 20, p. 112.

pendents upon the community for support, even though their crippled condition can be but partly corrected. Incidentally his findings are that 90% of the crippled children are or will become cases of dependency unless they are rescued. 'It is good public policy to avoid this,' he says. 'It is good business to turn a liability into an asset. A normal child has an economic value of \$7000. Not every cripple can be given this value, but it is worth much to make him self-supporting.'"

Opportunity for apprenticeships.—Nor must instruction in the hospital school be confined to the conventional subjects of academic curriculum. Dr. Fist states very succinctly, for example,8 "The educational work of the school (Massachusetts Hospital School) is by no means confined to the pursuit of academic subjects in the classroom. . . . Most kinds of work to be found in every small community are represented and are sufficiently varied to be adapted to the capabilities of children from all stations of life. Carefully selected employees, trained to regard themselves as teachers of practical subjects, are proud of the accomplishments of pupils selected for their departments. Carpenters, painters, engineers, plumbers, steam-fitters, electricians, bakers, cobblers, tailors, stenographers, bookkeepers, telephone operators, dressmakers, cooks, teamsters, gardeners, poultry-men, store-keepers, laundresses and many others can be developed in an institution by properly assigned apprenticeship with experienced employees."

Artistic and esthetic values.—The training described above is, of course, very practical. The concept of education involved therein is based purely upon the practical values in life. It scarcely needs much argument to prove that these crippled children have need of the artistic and the esthetic values, not to forget those values which are therapeutic as well. The Michael Dowling Memorial School in connection with the Gillette State Hospital for Indigent Crippled and Deformed Children is an

⁸ Op. cit., p. 228.

excellent illustration showing these other values in a child's education. Its interior is a glowing example of harmony of tones, color and arrangement well designed to build esthetic values into the souls of these children whom Minnesota is striving to develop into worthy and useful citizens.

Rise of special classes in public schools.—The history of public school classes for crippled children is in many respects comparable to that of any movement in education that bears earmarks of individuality. That is to say, at first the auspices were distinctly and pre-eminently private.

Mrs. Solenberger says very appropriately in regard to the changing auspices of day-school classes for crippled children,⁹ "The history of day-school classes for cripples in America shows in several cities a gradual transition from private to public responsibility. Any city board of education may usually be persuaded to provide a teacher for crippled children on the ground that if they were not crippled they would certainly have a right to instruction in the public schools and teachers would have to be furnished for them."

Leading cities now represented.—The movement for the education of crippled children in the United States is growing, although to some it might seem to be a slow expansion. It may be pointed out that leading cities of the country aim quite generally to provide educational facilities for crippled children through their public schools. These are naturally special classes provided in convenient quarters or in more pretentious separate structures given over wholly to the movement. The latter is so far, however, the less frequent of the two. The cities which at present maintain such facilities are as follows, though by no means arranged in any order whatever of importance: New York, Philadelphia, Chicago, Detroit, Cleveland, Baltimore, Kansas City, Minneapolis and Oklahoma City.

It may be observed here that the Andrew Parsons School for Bulletin of United States Department of Education, op. cit., p. 9.

Crippled Children at Oklahoma City is the only special day school for crippled children in the South, according to Abt. 10 This is an interesting commentary, although it is astonishing to see how few such schools are established even west of the Mississippi. St. Louis, in keeping with the legislation provided in Missouri, has plans under way for public school facilities in this direction. Michigan, in addition to Detroit, is represented also by Saginaw and Grand Rapids. Ohio is singularly blessed in this respect. Admittedly Cleveland heads the list; Elyria, nearby, the home of Edgar F. Allen, naturally occupies a favorable position; while the larger cities, Cincinnati and Columbus, are doing their share. In addition to these there are ten other Ohio cities which maintain these educational facilities.

Typical legal provisions.—Probably the outstanding feature from a legal viewpoint in the matter of crippled children education by the public is the aid granted by the state. It takes usually the form of a specified sum per child enrolled between certain age limits, which have a wide range, as much as five to twenty-one. Provisions usually specify that classes of minimum size (five for instance) shall be maintained to obtain a flat aid per child enrolled with a pro rata provision in case of attendance less than the regular school year. Minnesota allows \$250 per pupil; Ohio specifies not to exceed \$300 per pupil, with \$250 additional for those children boarded at the expense of the local school authorities. Missouri has a mandatory law allowing \$75 for each child. Illinois stipulates not to exceed \$300 per pupil per year as excess cost. Michigan sets the figure at \$200 and says no such class shall contain less than five pupils.

According to Abt, New Jersey 11 provides in part that the Board of Education of every school district must provide specially adapted equipment and facilities for crippled children,

¹⁰ Abt, op. cit., p. 77.

¹¹ *Ibid.*, p. 33.

and that if there are ten or more of such children, a special class or special classes must be organized. It is stipulated that such classes shall not exceed eighteen children. Generally speaking, then, legal aspects of such education center about phases of general support, borne in part by the state and in part by the local community.

Characteristics of public school classes.—In an address before the National Conference of Social Work at Washington in 1923, Miss Jane A. Neil, principal of the Spalding School in Chicago, quoted 12 the late Michael Dowling as saying, "One of the most piteous spectacles, I think, is the sight of some helpless, handicapped child looking out of the window watching the other children at their games on their way to school."

It is worth while here to continue the narrative of Miss Neil, because it enumerates some interesting features of that famous public school of Chicago devoted to the cause: "Contrast with this (the Dowling statement) the lives of 800 crippled children in Chicago, who, five days a week, dress as eagerly as their brothers and sisters, and then watch for the big green motor bus which drives them up to the door. Strong men enter the house and carry them safely to their seats in the bus, where they are greeted by twenty-five other children as happy and noisy as only children can be. After a ride varying from ten minutes to an hour and a half, they reach their destination, one of the five centers for crippled children. Only one of these, the Spalding School, is used exclusively for crippled children. Our buses are heated and ventilated. The children cover long distances without seeming discomfort, and give evidences of enjoying the trip. Two hours a day in good air and sunlight will not injure any but a special case.

"There are no brighter spots in Chicago's great public school system than its day school classes for crippled children. Offi-

¹² Proceedings of the National Conference of Social Work, 1923, p. 384.

cially they are known as 'centers for crippled children,' though the word 'cripple' is not used by the children within the doors of the Spalding School, nor is it used by members of the faculty within their hearing."

Aims stated by Miss Neil.—At this juncture Miss Neil points to the etymological significance of the word "orthopedic." It is an interesting commentary to make at this point how chance has brought together those two words of Greek origin, "orthopedic" and "pedagogic." The latter, in a literal sense suggests the guidance of the child, whereas the former, as Miss Neil points out, means "to straighten the child." And that, Miss Neil says, is their aim—to straighten children physically, mentally and socially. Anyone who has observed the process to the slightest degree will realize that it is no small task of "straightening."

To continue, then, in the language of Miss Neil, the aim of this work is: "first, to give every child the best physical condition it is possible for him to attain; second, to give every child the best education it is possible for him to assimilate; third, to help him to find his place in the world's work."

Definition of eligibility.—Elsewhere Miss Neil has elaborated upon this aim in the following words: ¹³ "Orthopedic is not used here in its limited sense as applied to surgery for crippled children. It includes the scientific care and training of any child who by reason of a congenital deformity, accident or disease, cannot attend the regular school with safety and profit during the period necessary for his physical rehabilitation and simultaneous mental development and social adjustment."

The above statement, by the way, is the definition of eligibility which applies to any child who is seeking admission to the Spalding School. Oddly enough and properly enough, too, the above standard of eligibility is not far removed from the gen-

¹³ Crippled Children in Chicago, p. 62.

eral principle of eligibility which will be discussed later in this book as applying to the general field of rehabilitation of the disabled.

How the standard is applied.—In view of the fact that there is so much that may be comprehended under the designation "Crippled Children" with consequent misunderstanding as to those who should be admitted to these schools, it would be well if something of an agreement could be formulated that would clarify this matter. Sufficient has been stated previously to justify a basis for tentative standards. No such attempt should be made, however, without consideration of what is designated in Chicago as a "standard for admittance." The Director of Special Schools has put it in the form of this question: 14 "Has the child a physical handicap which will be an impediment in industry and which the crippled children's schools can correct or at least improve?" The answer may be quoted likewise as being significant: "Under this interpretation, children are admitted whose locomotion is normal but who have malformed backs, paralyzed arms or hands, or those whose arms or hands have been amputated and who need physical treatment to fit them properly with mechanical devices."

Adjustable seats.—What sort of equipment may one expect to find in these public school classes for crippled children? That is an exceedingly pertinent and proper question. There seems to be a division of opinion on the matter. Mrs. Solenberger points out various attitudes. Some advocate a fully adjustable seat and desk that will take care of any crippled condition. Some teachers, it seems, are satisfied with a partially adjustable appliance, while a third group feels that the non-adjustable one will do quite as well as any other, provided different sizes may be obtained so as to allow freedom according to the pupil's size.

One public school seemed to be getting on reasonably well ¹⁴ Op. cit., p. 64.

with this last arrangement, but the principal indicated that adjustable furniture was on the way. Mrs. Solenberger has put the matter aptly in the following, 15 "that the semi-adjustable desks and seats are distinctly better for all crippled children than those which cannot be adjusted at all, and that at least half a dozen of the specially adjustable seats should be furnished in each classroom if the necessary expense can be met."

Transportation and food.—No account of special arrangements necessary for this work would be complete without a mention of the provisions for transportation and food. the public schools may be interpreted narrowly to comprehend training only, yet a profound study of the underlying philosophy makes fitting the following from Mrs. Solenberger: 16 "Two special provisions always necessary in connection with day schools for crippled children are among the largest items of expense in such schools, namely, the busses which bring the children to school in the morning and take them home at night, usually accompanied by a nurse or other caretaker, and the food served free or for very small payments at most of the day schools. Hot lunches are usually given to the children at noon so that an additional trip home will not be necessary; and in many classes milk and crackers are served in the morning and afternoon."

Special equipment.—In addition to the usual equipment, it is desirable, even quite necessary, that the school for crippled children should have a certain amount of equipment for the therapeutic side of the work. This is an element which cannot be divorced from the education of physically disabled children. It was noted in a previous chapter that a very considerable amount of the convalescent and non-operative treatments can be given to crippled children in connection with their attendance in public school classes.

¹⁵ United States Bureau of Education, Bulletin No. 10, 1918, p. 15.

¹⁶ Edith Reeves, op. cit., p. 51.

In this way it is possible to bring therapeutic care to many who do not need acute hospital care, to many who are not eligible for care in the hospitals which limit their service to the indigent, and to many who have had acute care but need follow-up. Accordingly the special school or special class for crippled children should have facilities for corrective exercises, for massage, for Alpine treatments, for hydrotherapy, for application of casts, for occupational therapy and similar things to the extent that funds can be procured for them.

The curriculum.—The curriculum of these public school classes should be considered at this point if not in detail, then at least in a general way. Mrs. Solenberger points out that teachers of these special classes desire to be in position to say that their wards after training may re-enter regular classes with no serious break. The smaller classes possible in the special school make closer attention to individuals a reality. Such attention likewise helps to offset any disadvantage which these children may have suffered from causes associated with their physical condition.

The range in school hours is a wide one. Quoting again from Mrs. Solenberger: ¹⁷ "In the public school classes and in the private day schools, the crippled children usually stay from nine o'clock until half past two or three, with an hour's intermission for lunch." Generally speaking, the school day for crippled children is obviously shorter than the one for children who are not crippled.

Three forms of training.—The curriculum proper for these schools is in close keeping with the aims as expressed by Mortenson 18 referred to previously: "The aim of the work has developed three departments in the administration of the schools—academic training, physical rehabilitation, and industrial work. The last is both pre-vocational and vocational. The academic

¹⁷ Reeves, op. cit., p. 52.

¹⁸ Op. cit., p. 917.

training follows the course of study for the regular schools. . . . Handwork or industrial training is given with three aims in mind: its general educational value, just as it would be offered to the normal child; happy, self-forgetful, physical exercise, in most cases corrective, for the child who for years has been excused from any kind of work that required surmounting physical difficulties; and pre-vocational or vocational training, the amount and character of which varies with the child, the subject and the grade."

Well developed industrial courses.—"Two of the centers for crippled children have well equipped shops for teaching sewing, millinery, cooking, cobbling, sheet metal, printing, woodwork, weaving, clay modeling, etc.," continues Mortenson. "Classes in cobbling keep the shoes of the children mended and make high soles of cork or balsam wood according to a physician's measurements. The sheet metal classes have for two years been mending and making new arm braces requiring the use of only tin or aluminum. A forge and anvil are being installed so they may learn the use of iron and steel in this work."

High school training for crippled children.—For some reason which is not entirely clear the education of crippled children has not always contemplated very much, if anything, beyond the elementary school. The opinion has seemed to prevail that once the rudiments of a general education were provided plus some phase of industrial work of a sort, then the obligation on that side for the crippled child was discharged. It is a matter for which an explanation, as stated, is still forthcoming. It is of a piece with the situation that saw education of any sort for crippled children provided some time after education or training for other handicapped classes had been pretty well established, as noted earlier in this chapter.

In this connection it should be noted that the mere provision of elevators in the ordinary high schools would make possible the attendance in the regular classes of quite a considerable proportion of crippled children. As a rule very little thought is given to this matter in planning buildings for high schools. Such a provision would be helpful not only to crippled children but to a great many pupils with more or less cardiac defect. In fact the question whether the many flights of stairs in our high schools are not actually harmful to a large percentage of the pupils has been raised by physicians who did not by any means have the handicapped in mind. It is one of those surprising oversights that occasionally are allowed to go for a long time unchallenged.

Experience of the Spalding School.—The attitude regarding high school instruction for crippled children fortunately has been changing. The movement to provide high school work for crippled children began with the Spalding School in Chicago, a graded school. A class of nine pupils recently graduated from the graded school (Spalding) formed the nucleus of this beginning.

In 1923 Miss Neil said at Washington: 19 "We graduate from the eighth grade each year about twenty-six children, most of whom continue their work either at the Spalding or in one of the regular schools. It is not a matter of choice whether a child stays at the Spalding School for his high school work. We feel that the percentage that leave us prepared and anxious to face the strenuous life of the large city high schools measure our success in physical and social reconstruction." Then Miss Neil points out that at the time they have a high school class of twenty to whom they offer a four-year general course, a two-year business course, and unit courses fitting them for some specific occupation.

Tradition of trades giving way.—As suggested earlier in this discussion, the tendency has been to direct cripples into trades, assuming, of course, that such was their trend. It is odd that such a narrow view of possibilities should be assumed towards

¹⁹ Op. cit., p. 385.

a group that might be as normal as any other except for a physical disability. Miss Neil states the more forward looking position appropriately: 20 "We have been attempting, and feel that we have succeeded in our group at least, in overcoming the idea that handicapped people should be trained for trades. We have reduced the time formerly given to handwork in favor of academic training and higher education for those capable of using their heads. On to high school and college is our aim."

Even more recently one may point to the very interesting situation which has developed at the Michael Dowling Memorial School for Crippled Children in connection with the State Hospital at Phalen Park in St. Paul, Minnesota. At present there is a well defined course of two years of high school instruction. This bids fair to make such training more and more common.

Comprehensive state plan.—The trouble with much of the provision that is made for the education of crippled children is that it is only partial, limited to certain localities, or permissive with local school authorities. A very great proportion of the crippled children are not as yet reached by most existing legislation. New York has recently made an attempt, however, to put into effect a comprehensive program that will leave no gaps. It is the result of a study made by a special commission and was discussed in a previous chapter in so far as it related to therapeutic care. The provisions relating to education are of equal interest.

Broad powers to school boards.—At the foundation of the system for both purposes is the permanent register of crippled children required to be kept by the advisory commission for physically handicapped persons. The reports for this purpose are based on the school census and completeness is insured by requiring a return on every child from birth to 18 years. School boards and trustees are given power ²¹ "to provide for physically

²⁰ Op. cit., p. 385.

²¹ Legislative document (1925) No. 100, State of New York, p. 50.

handicapped children: transportation; home-teaching; special classes or special schools; scholarships in non-resident schools; tuition or tuition and maintenance in the elementary, secondary, higher, special and technical schools."

Oversight and supplementing provided.—To make certain that no child will be neglected, the advisory commission, which functions through the Rehabilitation Bureau, a branch of the State Department of Education, is authorized to stimulate all "private and public efforts designed to relieve, care for, cure or educate physically handicapped children and to co-ordinate such efforts with the work and functions of governmental agencies." It is also given power to "provide within the limits of the appropriation made therefor home-teaching, transportation, scholarships in non-residence schools, tuition or maintenance and tuition in elementary, secondary, higher, special and technical schools, for physically handicapped children, in whole or in part from funds of the department, when not otherwise provided by parents, guardians, local authorities or by other sources public or private."

The language of the statute seems to be sufficiently broad to cover every possible emergency. The experience of New York in the practical workings of these provisions will be valuable to every other community and will probably stimulate legislation equally beneficent and comprehensive.

Education of other disabled children.—Beginnings in the education of deaf and blind children are of much interest. Instruction for the deaf was begun in the United States in 1817. This was a private school under the direction of the Reverend Thomas H. Gallaudet. Cubberley is responsible for the statement: ²² "In 1869 the first city day school for the oral instruction of little deaf children in the United States was organized in Boston, and very appropriately named the Horace Mann School." Cubberley also states that education of the blind was begun ²² E. P. Cubberley, *Public School Administration in United States*, p. 387.

in American institutions for the first time in 1832 ²³ and that New York in 1909 opened the first public city school for the blind.

In the case of the deaf a period of better than a half century elapsed before public school education in their behalf took place after its inception under private auspices. With the education of the blind three-quarters of a century passed after the beginnings of these efforts before the public undertook to educate them in its regular schools. In both cases that long interval tells a story of long development, first through private and later through state institutional control. All three phases of educational control now prevail for the two groups under discussion. The development has been similar to other phases of education noted elsewhere in this chapter.

Public school classes for the deaf.—In regard to public school classes for the deaf, Cubberley says: ²⁴ "By 1916, there were seventy-one cities in fifteen states which maintained, as a part of the public school system, day schools where little deaf children were trained to speak and to read the lips, and fitted for further public school education and for social usefulness and happiness. The education of the deaf is one of the most difficult undertakings in our entire educational plan, but when successful the results to society are large. It has been found that normal-minded deaf children can be trained for any line of work which does not involve hearing."

There are two general methods of instruction for the deaf. One is the time-honored manual or silent method, known generally and not least of all by normal children in school who sometimes use adaptations of it rather surreptitiously when forbidden to whisper. It has many interesting manifestations, its pantomimic features not being the least among them. There are those who do not believe that the manual method is of the

²⁸ *Ibid.*, p. 390.

²⁴ Op. cit., p. 388.

sort that should be encouraged for the deaf, because of its limitations due to hand use. Consequently there has arisen the oral method described as follows in the Cyclopedia of Education: ²⁵ "The latter (oral) employs the natural method of human communication—speech—and substitutes for hearing the reading of speech by sight from the movement of lips. The former (manual) uses natural or conventional gestures and finger spelling in place of speech. Both methods employ writing and textbooks."

Use of combined method.—The use of these two methods has given rise to what is sometimes called the combined method. Certainly whatever advantage there may be with either method will accrue, it would seem, through a combination of both. This is especially true if conditions in general regarding deaf children are as found by Pintner and Paterson ²⁶ that "the deaf child is about three years behind the hearing child in learning ability, as tested by the rapidity and accuracy of forming associations between numbers and forms."

A defense of the combined system of instruction may be found in the statement of William A. Caldwell of the California School for the Deaf who says: ²⁷ "A reason for making use of more than one method of instruction is also found in the variety of the material we have to work on. There are those who were born deaf, those who have become deaf after having learned to speak, the semi-deaf and the deaf of defective mentality, to name no others. Each of these requires special methods, peculiarly adapted to the condition of the individual."

Public school classes for the blind.—Education for blind children proceeds as far as possible along the lines that are appropriate for sighted children. This is indeed essential, if the

²⁵ Cyclopedia of Education, Vol. II, p. 259.

Rudolph Pintner and Donald G. Paterson, "Learning Tests with Deaf Children," Psychological Monographs, Vol. XX, No. 4, p. 223.

Addresses and Proceedings of the National Education Association, 1915, p. 1099.

blind shall move about in a normal world among normal people. Undoubtedly one of the most harmful practices which can be followed with regard to any of the handicapped is to train them as though they were a special group and apart from the rest.²⁸ "Differences in the method of teaching the blind and the seeing arise from differences in their sense experience. The blind learn through hearing and touch; they read raised letters instead of flat. . . . Touch is the fundamental sense. With the sight shut off, the intellect is still amply nourished."

The same authority mentions that the first embossed book for the blind was printed in Paris in 1786. The system of letters used for the blind is a series of raised dots arranged on short vertical and horizontal lines to designate the alphabet. The point system, says the above authority, was made by Louis Braille in 1825 and bears his name.

Reasons for public school classes.—Organization of day-school classes for the blind followed as a result of two motives, says Frank G. Bruner of the Chicago Public Schools. They are stated as follows: ²⁹ "1. Blind children get on faster, accomplish more and with less expenditure of effort, if they can be gotten hold of while young, preferably during kindergarten years.

2. Parents are loath and often unwilling to be separated from their children for such long periods as is required when they must attend an institution, and especially at an age when they need constant parental care." Best adds the following which seems to be pertinent: ³⁰ "The day school at the same time becomes a part of the known educational system. The equal standards in the instruction of the blind are at once recognized, while the public in general becomes better acquainted with their possibilities and with their limitations. Finally, a not unimpor-

²⁸ Cyclopedia of Education, Vol. I, p. 398.

^{**}Addresses and Proceedings of the National Education Association, 1910, p. 1044.

^{*} Harry Best, The Blind, Macmillan Co., p. 310.

tant factor in the situation appears in the lessened cost of the day school. For it no costly special plant is necessary, nor are large amounts to be paid for food, supplies, attendants, and the like. At present the average per capita cost for its maintenance is practically half that for the institution."

Movement is spreading rapidly.—Dr. Best also states: ³¹ "In their practical organization, day schools consist of nothing more than the installation of appropriate facilities and appliances for the blind in the regular public schools." Instruction for the blind is extending rapidly in both the elementary and the secondary fields. In the case of the blind as well as the deaf, legislative provisions similar to those described in connection with crippled children are frequently made. To encourage local units to establish such classes and to compensate for the extraordinary expense, the state in such instances grants a certain amount of aid per pupil enrolled. Standards for the classes are prescribed and there is a minimum requirement as to the number of pupils before a class can be formed.

QUESTIONS

- 1. Why did education of crippled children lag behind movements for the education of other groups of handicapped children?
- 2. What significance should be attached to the education of these children begun in hospitals?
- 3. Make clear the situation which shows that public schools, as ordinarily conducted, are not suitable for the education of these children.
- 4. How much of vocational education, as it is generally understood, should be undertaken in special schools or classes for crippled children?
- 5. What direct tie-up might be brought about at this point with the rehabilitation of physically disabled adults?
- 6. What are the marked characteristics of public school classes for crippled children?
- 7. What valuable legal provisions might be added in behalf of crippled children's education?
- 8. Point out the peculiar difficulties which seem inherent in the teaching of deaf or blind children.

^{sn} Ibid., p. 313.

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PART III VOCATIONAL REHABILITATION



CHAPTER VIII

VOCATIONAL REHABILITATION OF DISABLED WAR VETERANS

The greatest experiment the world has ever known in retraining and job-finding for disabled persons is the work that has been conducted in recent years in Europe and America for the physically shattered veterans of the World War. In the numbers that have been given care and in the size of the resources devoted to the problem, it dwarfs into insignificance the possible aggregate of the work for disabled civilians over a considerable period of years. It is natural therefore that the student of vocational rehabilitation should turn to these national efforts to ascertain whether the problem and the solution were sufficiently analogous to the ordinary work with the civilian disabled to offer any constructive suggestions for the latter.

Historic policy one of relief only.—At the outset it is interesting to note that the very thought of vocational rehabilitation, the appreciation of its possibilities, had its origin in civil life. The historic policy of dealing with war cripples has vacillated between maintaining them in idleness in special institutions denominated "homes" and giving them pensions, or even sometimes combining the two. The combination plan has been the favored one in the United States, the more infirm being permitted the shelter of the homes in addition to their pensions and the states often making provision supplementary to the action of the Federal government. Except for the institution care the situation was very similar to the treatment given the industrial cripple under the workmen's compensation laws. The obligation of the system in which the injury was sustained,

whether government or employer, was considered as being discharged through a monetary payment. It was theoretically no concern of the suzerain how the money was spent nor whether or not the disabled person got back successfully into the economic struggle.

Example of civilian work imitated.—But the industrial age was bringing about a change. Workmen's compensation in Europe was directing attention to methods of salvaging human wrecks. Hence it is not strange that the close of the nineteenth century saw the beginning of the rehabilitation idea with respect to war veterans. England appears to have been perhaps the first to try out the plan in a limited way. After the South African war a society was founded known as the Incorporated Soldiers' and Sailors' Help Society. It started out to find employment for ex-service men through enrolling persons who could be looked upon as "friends" and counted upon to give volunteer help in the project. It soon found that only special means would solve the problem of getting the disabled employed, so it started a system of workshops, which were in effect a combination of training with sheltered employment. In Russia there was a similar, though much smaller development during the Russo-Japanese War. A special shop which had been established in Petrograd in 1897 in connection with the Maximilian hospital as a training place for cripples and had been enlarged to include a fair number of trades was turned over to meet the exigencies of the war situation.

By the time the World War broke out most of the principal belligerent countries had had further experience in restoring the industrial cripple. Germany in particular had attained a preeminence in this respect. The work for cripples had crystallized in a society called the German Federation for the Care of Cripples, which had within its system 58 cripples' homes. There were 221 workshops, teaching 51 trades. Belgium had had since 1908 a school and sheltered employment institution for indus-

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trial cripples at Charleroi, under the provincial council of Hainaut. France also possessed homes for industrial cripples and subsidized workshops, so that the concept was not an unknown one.

Under the war emergency the development of national systems for reclaiming disabled war service men in European countries was rapid. There was not only the motive of doing justice to the country's defenders, but the further incentive that every available quantity of man power was needed in the direct way. Rehabilitation therefore received such stimulus as it had never known under normal conditions.

German plan more private than public.—The German response consisted in the main of a taking-over of the pre-existing facilities for caring for industrial and other cripples and a development of the characteristic German capacity for local volunteer service. There was no centralized governmental system. The Imperial government took responsibility for the physical reconstruction only and placed the problem of vocational readjustment upon the lesser governmental units or upon private charity. The work consequently varied greatly in different parts of the country, some of the provinces helping and others leaving it entirely to private auspices. Nevertheless the results do not seem to have been poor. Several factors appear to account for this: 1. the tradition of successful volunteer and committee work in Germany; 2. the co-ordination of the vocational reeducation with the hospital work, so that the injured men were taken early and were under military discipline at the time they were being trained; 3. the habitual paternalistic attitude of the large employers which facilitated adaptations for the benefit of their former employees and even for other disabled veterans. The successful volunteer work has since found its analogue in some of the committee work for the civilian disabled in the United States to be noticed later.

Another suggestion from the German system might be the

special attention given to the one-armed. A considerable number of special schools were founded for this type with the aim of bringing about such a complete readjustment of the individual and development of skill in the remaining arm that the loss would be greatly minimized. It is asserted that as a rule the one-armed men were returned to their old trades, sometimes with a narrower specialization. This is in line with the contention of American rehabilitation experts who hold that the one-armed could perform efficiently in many of the mechanical and industrial jobs if only they were given the opportunity.

Belgium and France favor institutions.—In Belgium the restoration work had the additional disadvantage that it had to be done in a foreign country. It was started as the private activity of a patriotic individual but was soon made a governmental affair. The chief training center was at Port Villez, France. The men were under military discipline during the training period, and the plan was of the central institution type. Trades were taught under production conditions. Efforts were made to remedy academic deficiencies as well as give vocational instruction.

France entered upon the retraining program in much the same manner as Belgium. A private effort in this instance led by Edouard Herriot, who later became premier, and at that time was mayor of Lyons, showed the country what ought to be done. The government then took over an institution in Paris to conduct a similar retraining work directly and set an example for the private and local activities that began to spring up. Later a National Bureau was created to have charge of the work and co-ordinate all efforts. While considerable was done through the regular technical and vocational schools, the favored plan throughout the country seemed to be the boarding school, with its concomitant limitation in the number of vocations taught.

Great Britain devises flexible system.—When Great Britain entered the war it had only the private system described as

an outgrowth of the South African war. It soon came to a recognition of the fact that a national system directed by the government was needed and set about creating it. After several experiments the Ministry of Pensions was given charge of the work, with a Special Grants Committee operating under it. This committee in turn had 300 lesser committees in the various localities of the United Kingdom. Private funds and activities were co-ordinated with the governmental work and a system of much flexibility called into being. The great use of committees again suggests possibilities for civilian work with the handicapped. In adaptation to the individual and in spread of occupations the British system more closely resembled that of Canada and the United States than the ones in vogue on the Continent.

Canada develops employment training.—In Canada there was still greater progress toward a complete governmental responsibility for rehabilitation coupled with great variety in training and a consideration of the needs of each individual. A branch of the government was created with the name "The Department of Soldiers' Civil Re-establishment." This directed and financed all phases of the restoration work other than the purely medical. Stress was laid in the advisement on the direction of the disabled into as many different occupations as were found suitable. The result was that readjustment was made in upwards of 300 callings. Training was given in three classes of institutions, schools controlled by the department, schools not controlled by the department, and industrial establishments using a form of apprenticeship. The use made of what has later come to be known as "employment training" represents a notable The average length of courses was from six to eight advance. months.

As the system was organized in its later stages the military aspect was emphasized. As far as possible the staff was made up of returned soldiers and the trainees who were placed in

ordinary schools were kept separate from the civilian students. A feature which distinguished the Canadian as well as the European system from that of the United States was that the disabled men showed a much greater range in age. All age groups of productive life were represented instead of almost exclusively the younger group, as was the case here. In this respect the other countries had a situation more comparable to the field of civilian rehabilitation.

System of United States most liberal.—Although the last of the great nations to enter the war, the United States established a system which outdid any of the others in liberality, in magnitude of expenditure, and in scope of government operations. If large-handed treatment alone could accomplish rehabilitation, it should be a certainty here. Unfortunately there are other factors, so the outcome has not always been assured. However, the work as conducted in the United States is the closest at hand, and at the same time is the most complete and intensive in the world; hence its implications and deductions for the general program of restoring the disabled should be of the most value.

Two laws founded new plan.—The abandonment of the old pension system and the adoption of a new and more constructive policy were signalized by two acts of legislation, the War Risk Insurance Act of October 6, 1917, and the Vocational Rehabilitation Act of June 27, 1918, sometimes known as the Smith-Sears Act. The significance of the first measure for rehabilitation consists in the compensation plan which it contained in lieu of the obsolete pensions. A scheme of compensation payments for disabilities was adopted akin to the provisions in Workmen's Compensation Acts. For permanent disabilities the principle was accepted which is found embodied in most of the permanent partial schedules of Workmen's Compensation Acts, namely, that there should be no reduction of

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compensation because of an individual's success in effecting rehabilitation. The payments were to be based upon "the average impairments of earning capacity resulting from such injuries in civil occupations."

The vocational rehabilitation was turned over for administration to the one body in the country that possessed an insight into the vocational problem, the Federal Board for Vocational Education, which had been functioning for about a year, had begun to systematize vocational education throughout the country, had assisted in training thousands of operatives in connection with war work, and had gathered a fund of information on occupational and industrial subjects. The value of the impress given to the work by this board was enormous. The direction of the work was later taken from it, but many of the outstanding characteristics continued as in the earlier years. There were several excellent reasons for the change in administration.

- 1. The distribution of activities for disabled soldiers among three departments, medical care in the Public Health Service, compensation in the Treasury Department, and training under the Vocational Board, was unsound.
- 2. The feeling manifested in Canada that service men could best deal with disabled service men was again evidenced and crystallized in a sentiment for an agency controlled and largely staffed by service men.
- 3. The training problem had become so large that it overshadowed the distinctive civilian function of the Vocational Board and threatened to interfere with its proper work.

Establishment of Veterans' Bureau.—In 1921 Congress accordingly consolidated all of the restoration work for disabled war service men in one agency known as the United States Veterans' Bureau. As organized at the beginning, the chief features from a vocational rehabilitation standpoint were:

- 1. Careful attention to advisement.
- 2. Use of existing schools and training institutions through contract arrangements.
- 3. Adoption of the "employment training" idea already noted in the Canadian system.
- 4. Liberal training allowances, amounting at times to more than the disabled men had been earning in civil life before entering the war.
- 5. Centralized control at Washington, but with district offices throughout the country.

The Veterans' Bureau undertook to decentralize the work in order to insure greater promptness in awards of training and similar action, with the result that eventually responsibility for action was delegated to sub-district offices. Another demand which the Bureau faced was that for rapid multiplication of training facilities. It became necessary to call into existence many more schools established for the emergency than at first. The Bureau also had to deal with the placement problem on a large scale, as the time approached when thousands of training plans reached their fulfilment.

A thorough appraisal of the work of veteran rehabilitation in the United States can be made only after the lapse of a period of years and after a study of such magnitude that it is doubtful whether the government will ever undertake it or whether any private agency could assume the duty. For the present at least, therefore, all conclusions must be tentative and must be based upon the official reports. These, it is true, may be considered ex parte statements, but for the most part the points of interest are not matters of judgment, but definite statistical facts, hence are not affected by such an element.

Magnitude of the work.—Some of the pertinent information given in the most recent published report of the Veterans' Bureau, that for the fiscal year ended June 30, 1924, will be briefly noted. At that time there had been 650,253 applications

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for training. Only about half, or 330,943 had been declared eligible for training and of these 173,632 had entered training. That no very great number of further inductions into training was expected was shown by the statement that advisement had become a secondary function. There were 45,347 in training at the time of the report, and 78,631 had been declared rehabilitated. The number in training had fallen off by 35,012 from the number in training during the previous year, while the number rehabilitated had increased by 36,866. This shows that the high point in the task of training had been passed. The largest number in training at any one time was 109,000, in March, 1922. In giving the training over 3500 schools and institutions had been used, as well as over 30,000 industrial and business establishments. It is evident, therefore, that employment training was used on a vast scale, and that there was a great diversification in the occupations taught. It is noted that 1145 courses of instruction were developed during the Federal Board's administration, but the total for the entire work is not given.

The cost of the rehabilitation work is not allocated, but an idea can be secured from some figures given in connection with the expenditures for the year. The total disbursements for all activities that year had been \$415,138,398. This was distributed as follows:

All salaries	
Administrative expenses	. 1.77 "
Vocational rehabilitation:	
Training allowances	
Other training expenses	. 3.26 "
Medical and hospital expenses	. 7.13 "
Hospital facilities and services.	. 2.22 "
Compensation	. 27.82 "
Term insurance	
U. S. Government life insurance	. 1.81 "
	100. %

The kind of training being given to the 45,347 who remained on the rolls at the end of the year is also interesting. They

were divided as follows: in institutions, 15,492; in employment training, 22,074; in project training, 4030; in Bureau vocational schools, 1599; in correspondence courses, 2078; and in tutorial training, 74. It should be noted that the proportion in employment training is larger than in earlier years because many were so placed after institutional training in order to make their preparation more practical. A very detailed table is given as to the vocational objectives, but it is not well classified as to major groups. It discloses, however, that the greater fraction of the 45,347 were seeking to qualify for what are ordinarily termed trade and industrial occupations. About 9000 had professional and 8000 business objectives, while 7000 were looking to readjustment in agriculture.

Analysis of rehabilitated cases.—There are noteworthy points also about the analysis of 32,717 rehabilitated cases. As would be expected the modal age group was from 25 to 30, while 35 almost marked the upper limit. In education the data are much similar to the usual condition found in civilian rehabilitation, namely, that the great bulk had an 8th grade education or less. The number in the group from 4th to 8th grade was 17,371. The time spent in training also is instructive. The modal group were those who had had 31 to 36 months' training, 8723, but there were two other large groups, 7357, who had had 19 to 24 months' training and 5938 who had had 13 to 18 months' training. Significant too is the comparison between the pre-war wage and that received after rehabilitation. The modal group in the pre-war wage consisted of 10,092 who received from \$500 to \$1000. In the later wage the modal group was made up of 8207 who received from \$1000 to \$1500, which shows a marked shift upward.

The general plan of the work is stated under a definition of the function of "Training" as follows: 1 "Essentially this func-

¹ Annual Report of Director of U. S. Veterans' Bureau, 1924, Washington, Government Printing Office, p. 267.

tion consists of rehabilitation assistants working with, advising, inducting, supervising and counseling trainees who are in the process of return through rehabilitation training from a condition of disablement to one of reliant self-support and independence. This work is performed in a sub-district office, controlled by a district office for purposes of organization, record, and regional co-ordination. The district office in turn is responsible for carrying out policies promulgated by the central office; thus a continuous chain of service is built up, from the disabled man who needs it and who by law is entitled to it, to the central co-ordinating authority, responsible for the enforcement of the law." The concept here set forth of the place of the rehabilitation staff in the training program is one which might well be taken to heart by those states which still think of the civilian rehabilitation work as an office matter involving the allotment of tuition and the checking of reports.

Results from commercial training.—In a discussion of accomplishments the report speaks with satisfaction of the results secured from commercial training. It states that the majority who completed training have been employed at the going wage of the specific occupation, and that many who showed special earnestness secured higher salaries than equally well trained civilians. As factors in dealing with private commercial colleges it mentions the policy of eliminating and making other disposition of trainees who will not become employable within a reasonable time; organization of the work on an individual instead of a group basis; and the requirement of a weekly report so that the status could be known promptly. Much use was made of employment training, too, in the commercial cases, the proportion increasing so that at the time of the report over 50% were receiving this form.

Project training in agriculture.—A great deal of vision and ingenuity seems to have been employed in dealing with the question of agricultural training. Mention is made of the serious

problem of meeting the needs of the person who should be trained as a farmer but who is limited by lack of land or means to buy land. He would not be hampered by the nature of his disability from doing farming as his own boss but could not compete as a farm laborer. The number in such a class was large, because there had been many in the ranks who had formerly worked on farms, and because there were many for whom an outdoor occupation was indicated by the physical condition. It was on this account that the plan of "training into independent farming" by the project method was devised.

The essence of the arrangement was instruction by a traveling teacher who visited each man on his own farm that he was either leasing or buying. Offers were secured from landowners of tracts with practically no payment down. The plan contemplated the possibility of profit-making by trainees while they were learning the science and business of farming and the opportunity by economy of securing a considerable equity in the land before the close of the training. The persons accepted for the project method were subjected to eight tests: 1. physical ability, 2. financial means, determined by inventory and a budget extending at least one year beyond date of rehabilitation, 3. adaptability for farm mode of living, 4. mental stability, 5. business and managerial capacity, 6. moral responsibility, 7. adaptability to locality, 8. domestic co-operation. The instruction was commonly given by full-time teachers working under contract and making one instructional visit every ten days for each trainee. Large attention was given to principles of financing and business management. It is recorded that 6350 men had been rehabilitated in agricultural objectives, and that of those given project training only 5.8% had appealed for further training.

Publicity a great aid to placement.—The chief fact brought out in the discussion of final placement in employment is the great use made of publicity. One of the major objectives of

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the employment subdivision is given as "educating and inspiring the general employing public to give whole-hearted co-operation in providing employment opportunities." Among the means employed were the following:

- 1. Material was furnished to newspapers throughout the country, resulting in thousands of columns of notice.
- 2. Letters appealing for consideration for the rehabilitated veterans were written to leading business concerns in every part of the United States.
- 3. Correspondence was carried on with the chambers of commerce, employers' associations, and other business men's organizations.
- 4. Letters were written to the President, the cabinet members, and other government executives requesting their co-operation. The President responded by sending a letter on the subject to the National Chamber of Commerce. Other officials took like action. Many governors of states issued proclamations commending the work.
- 5. A 40-page pamphlet was distributed among employers of skilled workmen.

As proof of the success of its efforts the Bureau points to the net placement of 31,697 persons during the year, leaving unplaced only 1150 of those completing training.

Contrasts with civilian work.—Before attempting to draw any conclusions in regard to the restoration of the disabled service men, it is desirable to call attention to a few respects in which the work differs from that of rehabilitating handicapped civilians. These differences and contrasts are:

1. The task of reclaiming the men impaired by war service was a direct responsibility of the Federal government. There was at no time any question of the duty or propriety of the nation's activity in this field. Not only vocational rehabilitation but every aspect of restoration was fittingly assumed by the government and an interrelation of efforts was attained.

The persons dealt with had rights arising out of one thing, their war service. Civilian rehabilitation is primarily a function of the states, and the part of the Federal government is limited to advice and promotion. Nor is it so easy for the states to assume direction of all the services involved. The persons they have to deal with have disabilities arising out of a great variety of conditions and there are many complicating economic factors.

- 2. The veteran work is a temporary measure. It is proposed that it shall be entirely completed during the year 1926. The civilian work is a continuing thing, requiring commitments over an indefinite future and connoting the necessity for a prevention program.
- 3. The veteran work was less favorable to a scientific advisement. Advice was offered, and training that was obviously unsuitable could be refused, but within these limits the inclinations of the individual had rather free play. In the civilian work there is a greater opportunity for control in the choice of occupation, because the training is less a matter of right than a voluntary state program.
- 4. The veteran work was supported financially in a much more lavish fashion than would ever be the case with the civilian activity. This showed itself in long courses, frequent provision of employment training to supplement other training, and very liberal maintenance allowances. The last-mentioned operated in all probability for good and for ill. They made it possible for the ambitious to pursue a protracted training without worry, but at the same time they gave an incentive to the less worthy to stay in training as long as possible.
- 5. The veteran work was very materially helped in attaining its final objective of employment for the disabled by the patriotic motive. This is not present in the case of disabled civilians. Its place must be taken by the much weaker humanitarian motive, or at best by a public spirit that aims to give full utilization to the country's human resources.

Incidental social results.—Among the incidental social results of the rehabilitation of war service men in this country may be listed the following:

- 1. A reinforcement of the tendency away from large central institutions. Humanity had always been vastly impressed by piles of brick or stone and has with difficulty been attracted to more flexible methods of dealing with social problems. The avoidance of the temptation to found numerous permanent institutions was perhaps one of the wisest policies that marked the American work.
- 2. Sanction for the case method in dealing with the disabled. The importance of this method will appear more fully in the discussion of Technique in Chapter X.
- 3. A wider acquaintance with and stronger confidence in the possibilities of vocational education. The experience in the benefit of training thus given a large segment of the citizenship should cause an understanding of this movement to filter through the population and should give a stimulus to it for the future.
- 4. Creation of a tradition favoring rehabilitation as a solution for the disability problem. The demonstration has been made on such a large scale that it should help to dispel the illusion that the disabled are economically worthless. Particularly among the war service men should there persist a disposition to turn toward rehabilitation measures. When the veteran work in vocational rehabilitation is discontinued by the Federal government there will undoubtedly be a tendency to refer disabilities arising among service men to the civilian rehabilitation agencies, and to provide co-operation from state veteran welfare agencies as well as from the Public Health Service of the National government. This should reinforce the gradually increasing appreciation of the need for the state rehabilitation activity.

Lessons from the veteran work.—As to the lessons to be derived by the civilian rehabilitation from the war veteran

rehabilitation, there is undoubtedly room for much difference of opinion. Some of the policies characteristic of the latter work were developed about the same time by the pioneer civilian agencies. However, the veteran work constituted so large an experience that where it does not actually show the way for the civil work, it at least adds a weighty reinforcement to some of the practices. The following is therefore offered as a summary of the characteristics of the veteran work which hold good in the other field as well:

- 1. An effective system must be thoroughly decentralized, so that decisions can be reached promptly and action taken by those in close contact with the disabled person.
- 2. Co-ordination of all of the restoration activities facilitates the work, in fact, is almost essential to success. In a state government distribution of the activities among several departments would not be as harmful as in the larger machine of the National government, but it has its dangers which should be obviated by every possible co-ordinating arrangement.
- 3. A very great spread of occupations is feasible in readjusting the disabled. This has been recognized from the beginning by the civilian agencies, but it is none the less gratifying to have such overwhelming proof.
- 4. An enormous load of training can be accomplished through use of existing schools and institutions. Only at the peak of its work did the Veterans' Bureau find it necessary to establish and operate schools directly.
- 5. A great amount of training can be secured in business and industrial establishments through an apprenticeship plan. The value of "employment training," both when no other kind is available and when it is desired only for finishing purposes, has been abundantly demonstrated.
- 6. The project method as employed in agricultural training has possibilities that are worthy of study with a view to its adaptation in civilian work.

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7. A highly organized, varied and intensive publicity campaign is a valuable means in bringing about the employment of disabled persons. While patriotism was the inspiration for the co-operation given the Veterans' Bureau, it is not impossible that an equivalent, even though less robust, public spirit could be created in favor of giving opportunities to all the disabled.

QUESTIONS

- 1. Contrast in a general way the systems of disabled war veteran rehabilitation employed on the Continent with those used by Britain, Canada and the United States.
- 2. What were the effects of the plan of decentralization which was undertaken by the Veterans' Bureau shortly after its establishment?
- 3. Why has the "project plan" of disabled veteran rehabilitation been particularly suitable in agriculture?
- 4. To what extent might civilian rehabilitation officials use publicity methods in placement employed by the disabled veteran movement?
- 5. List some of the difficulties as well as some of the advantages which would appear in an evaluation of the civilian rehabilitation viewed alongside of the veteran rehabilitation.

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CHAPTER IX

VOCATIONAL REHABILITATION—OFFICIAL ADMINISTRATION

At the outset an important difference from the rehabilitation of service men presents itself in the administration of civilian vocational rehabilitation. As has been noted, the rehabilitation of the veterans was a primary responsibility of the Federal government and was conducted directly by it. The rehabilitation of civilians is a state matter. It is dependent upon state initiative. The participation of the Federal government in it extends only to granting financial aid and to providing an advisory service. The Federal government does not undertake rehabilitation directly of a single case. It merely attempts to stimulate the states to undertake the work.

In the administration of civilian vocational rehabilitation there are four plans for locating the activity, any one of which might logically be adopted by a state government. These are to place it under: 1. the Industrial Commission or Department of Labor, 2. the Public Welfare Department, 3. the Education Department, and 4. to make an entirely separate department out of it.

Industrial Commission.—The advantage of the first plan, relating it to the Industrial Commission or Department of Labor, would be that a very close correlation might be effected with the Workmen's Compensation activities and also with the public employment offices. The drawback would be that a tendency would exist to give care only to industrial accident victims and also that some of the states do not have Industrial Commissions or even a well organized Department of Labor.

Public Welfare Department.—The Public Welfare Department has many claims to consideration as the desirable place for the new activity. In all states where such departments have been much developed a considerable amount of case work has been done under the auspices of this department and the generally accepted concepts of social service work are quite familiar. There would be related activities with which case work and case procedure could be compared and much inspiration received. On the negative side should be mentioned the fact that a very great part of the work of the Public Welfare Department consists in dealing with the extreme types of the dependent, the defective and the delinquent and finds expression in institutional care. In many states the burden of conducting gigantic institutions dwarfs all of the other activities committed to the department. There is also the stigma of public charity, reasonable or unreasonable, attaching to much that is done in this department. Wherever this is quite pronounced it would greatly limit the possibilities in the conduct of vocational rehabilitation work.

Education Department.—In favor of location of the work with the Education Department are the facts that education is the chief professional activity involved; that the Education Department is probably better organized than any other department in every state; that much information on vocations and on educational institutions is available in this department, and that frequently many valuable local contacts with county superintendents and town and city supervisory officials are possible. The principal danger in assigning the rehabilitation work to the Education Department is found in the fact that its work in detail is so dissimilar to the other work of the department. Case work is usually not understood in Education Departments and the size of the personnel required is likely to be compared unfavorably with the personnel required for the inspection and supervisory activities which constitute the bulk of the

other work of the department. Another drawback is the size and intricate nature of the general public education work supervised by the Department of Education. When attached to such a department it is easily possible for the rehabilitation work with its variant nature to be forgotten and left without the active support which it absolutely needs.

Separate department.—Finally, the advantage of a separate department for the work is obvious. Such a plan would give it a maximum of attention and leave it untrammeled to develop as seemed best. The difficulty with such a plan is that the general principles of efficiency in government call for as few separate governmental departments as possible. The tendency of the present day is entirely away from multiplication of distinct governmental branches. For a matter which concerns only a fraction of the population it would be exceedingly difficult to convince the legislative authorities in very many states that there was sufficient reason for the creation of the separate governmental department.

Influence of Federal act.—All of the plans above discussed were represented in the rehabilitation legislation which was passed before the Federal act. However, the influence of the Federal act was such that from the time it went into effect all succeeding legislation lodged the activity in the Department of Education, or, more specifically, under the supervision of the board designated as the State Board for Vocational Education. The Federal act, it will be recalled, requires any state desiring the benefits of the appropriation therein provided to empower the State Board for Vocational Education to co-operate in the administration of the law. Another provision requires that all moneys expended under the Federal act shall be upon the condition that for each dollar of Federal money expended there shall be expended in the state under the supervision and control of the State Board at least an equal amount for the same purpose. The effect of these two provisions is almost to

require absolutely that the full administration of vocational rehabilitation must be in the hands of the State Board for Vocational Education which in many states is identical with the State Board of Education. Only by rather inconvenient subterfuges and working agreements can the Federal money be secured when another branch of the state government is conducting the work. In the face of these provisions not only have practically no states experimented with other plans but some which had adopted a different scheme have amended their legislation to transfer the work to the Vocational Education Board.

Variations within Education Departments.—Within the state departments of education themselves there has been an important variation in the method in which the work has been organized. The Federal act nowhere seems to contemplate that the new activity was to be a mere phase of vocational education: in fact, the broadness of its language would indicate quite the contrary. Merely because the Federal Board for Vocational Education was already dealing with the State Board for Vocational Education in every state the act provided that this same state board should be the one designated to administer the rehabilitation work. Theoretically it is not as a State Board for Vocational Education but as a State Board for Vocational Rehabilitation that the board undertakes this new activity. Notwithstanding this fact, the great majority of states which undertook the work treated it as a new subdivision of vocational education and so far as organization was concerned placed it on a par with the divisions devoted to industrial education, agricultural education and home economics. The effect was unfortunate. In some states it had a serious result in delaying recognition of the importance of rehabilitation. It tended to bring about limitations on personnel. Because the Vocational Education Department had as a rule one supervisor in each of its other divisions it was difficult to show that the

rehabilitation work, being case work, required several times the personnel that the other merely supervisory activities required. It is a striking testimony to the intrinsic value of vocational rehabilitation that despite this handicap which was placed upon it in many states at the outset it has won its way to a position where genuine results are being accomplished.

The other form of organization within the work of the state board is that of a separate division on a par with all of the other work of the board. A number of states had the foresight to adopt this plan and some which nominally have the other plan have in practice come to treat the rehabilitation work practically in the same manner. Among the states which so recognized the importance of rehabilitation were New York, Minnesota, Wisconsin, Tennessee and Virginia. It is beyond question the only suitable method, if the full scope and importance of vocational rehabilitation is to be realized.

Examples of Industrial Commission direction.—Of the variants from the Education Department plan only two remain. The allocation to the Department of Public Welfare has never been represented in actual practice. The state of Illinois passed such a law in 1919, but no work was conducted under it except a research which reported a detailed scheme for carrying the law into effect. However, by the time this report was made the Federal act had been passed, and Illinois decided it would make utilization of the Federal assistance easy by passing a new act, giving the conduct of the work to the Vocational Education Board.

The location of the activity under the Industrial Commission or the Department of Labor was a plan that had considerable favor at the outset. It is still found in several states. Pennsylvania is the outstanding example. Here the work is under the Department of Labor but not specifically under the Workmen's Compensation activity. It is a separate bureau. Federal aid is secured by a provision in the acceptance act des-

ignating the bureau as the agent of the State Board for Vocational Education for rehabilitation work. Apparently the only result of having the actual work in this department is to complicate the handling of the funds. The bureau cares for all types of handicapped but probably serves a much larger proportion of the industrial accident cases than do many of the states where the work is in the Education Department.

The experience of Montana is also of interest. This state began the work under the Education Department and later transferred it to the Industrial Accident Board. The reason seems to have been a desire to bring about a closer correlation with the accident cases. Massachusetts and Virginia before the passage of the Federal act had placed the work under the Compensation Board but subsequently changed their legislation to conform with the idea in the Federal enactment so that now in both states the work is administered by the Vocational Education Department. Oregon has had since 1920 a rehabilitation work which was limited to the compensation cases and was administered by the Accident Board.

Experience of separate departments.—Mention has been made that New Jersey is now the only state which has erected rehabilitation into a separate state department. The act created a new commission consisting of the Commissioner of Education, the Commissioner of Labor and Commissioner of Charities and Correction and three other members to be appointed by the governor, one of whom represents the employing interests and one represents organized labor. The members of the commission are unsalaried. They have authority to appoint a director as executive of the work. In practice, however, the Commissioner of Labor has been designated as director. He has a separate paid staff to conduct the rehabilitation work. The plan in itself would seem to be conducive of an all-around development of the work. In practice, however, as has been seen in Chapter V, especial stress has been laid on physical

restoration and particularly on the workmen's compensation cases. That the vocational training feature which is so prominent in the law has either not been developed or has not been considered necessary is evident from the figures in the commission's report. For the year ending June 30, 1924, the Vocational Division of the Commission reports 902 persons returned to remunerative employment, of which 24 had been rehabilitated after school training and 16 after employment training. One factor makes it impossible for the New Jersey experience to be considered a fair trial of the plan of having the work in a separate department. The designation of the Commissioner of Labor as director of the work apparently seems to have influenced its trend very greatly.

District system.—Once the location of the rehabilitation activity in the state government is determined there are two general systems of administration which may be put into effect. One consists in a territorial division of the state. Each member of the staff is assigned to a district and works exclusively in that district. Sometimes there are district offices and the administration is so decentralized that even the records are kept in branch offices. The district system is in use principally in states which have a large population or great distances or both. Pennsylvania has a centralized district system with complete records in the central office of all activities but duplicate records in the district offices. Daily reports are made to the central office and all actions must be approved there. The more decentralized district system is in effect in West Virginia and New York.

Functional system.—The other plan of organization is a functional one. Under this each staff member is a specialist along some particular line, even though he is expected to be prepared to take care of any phase of the work or to take complete charge of any case. Some of the specialties that are frequently so represented are placement, rehabilitation of

women, agriculture, industrial training, expert in mining, and the like. This system is more practicable in a state where the administration can be fairly centralized and all of the staff can work out of the same office. It makes possible a better type of service in many special cases by bringing to bear expert knowledge. Minnesota and California have made considerable use of the functional plan. Of course the two systems that have been described are not mutually exclusive. A combination of the two is frequently possible and may be found to be best adapted to the needs of some states.

Sources of personnel.—As in other fields, a very important part of the administration of rehabilitation depends upon the character of the personnel. When civilian rehabilitation was started there were almost no persons in the country who had had any experience in this type of work. It was necessary, therefore, for the other agencies to draw either from the soldier rehabilitation work or from fields allied to rehabilitation. Even as yet there is no supply of trained workers. Experience in soldier rehabilitation has not proved to be more valuable as a preparation than has an experience in a number of other fields. Probably the chief source from which were derived the present officials engaged in civilian rehabilitation was vocational These were well prepared on the training education work. phase and frequently had additional qualifications which readily enabled them to secure a comprehension of the new activity.

Another kind of experience which has been valuable as a background for rehabilitation workers has been work in the industrial field, such as service in the Department of Labor or Industrial Commission, factory welfare work or personnel work. The chief qualification that such workers have had has been an intimate knowledge of industrial conditions, labor laws and the mind of the workers.

Still a different field from which members of rehabilitation staffs have been drawn is that of social service work. The

qualification here, an extremely valuable one, is a knowledge of the case method. To this should be added an understanding of the other forms of social service from which co-operation must be secured.

Finally, a very few rehabilitation workers have been drawn from the field of therapeutic activities, such as medical and hospital service and occupational therapy. The value of such a background consists in the extent to which it provides a sound estimate of the effect of disability. The occupational therapy field would seem to offer an exceptional preparation for rehabilitation work in that it combines both the therapeutic and occupational sides.

Development of trained workers.—The ideal rehabilitation worker is one who has a good knowledge of case work, insight into some special phase of rehabilitation and sufficient judgment in educational matters to be able to appraise courses of training. The time is not far distant when rehabilitation will have expanded to such an extent that trained workers will be in demand. Steps will then have to be taken to meet such The obstacles to the establishment of training a situation. courses at present are two: the narrowness of the market to be served and the lack of recognition that expert service is required. The number of positions to be filled by rehabilitation workers will be greatly increased as the public work is expanded and as more private activities are called into being. Recognition of the need for expert service is coming into being gradually.

The principal states that have required qualifications for the rehabilitation staff have been those which have the merit system in civil service. Unfortunately the practice of such states is usually to require that persons who are admitted to the examinations be residents of the state. This again narrows the opportunities in the rehabilitation field and tends to prevent the development of the profession. It is greatly to be desired

that when examinations are held the residence requirement be waived.

An aroused public sentiment should eventually demand that the interest of the disabled be kept foremost. It has not infrequently happened that entire rehabilitation staffs of long service have been dismissed en masse because of political changes in higher offices. Service to the handicapped has in such instances been set back for long periods. Another instance of inefficient public service consists in the frequent practice of breaking in new persons unaccustomed to the work when there are experienced workers available in other states. This again has cheated the handicapped of the benefits which the public has intended for them.

Relation of Federal work.—While the direct work of rehabilitation is conducted by the state agencies, the relation of the Federal work to it is very important. The functions of the Federal service may be grouped in two classes—supervisory and advisory.

The first of the supervisory functions consists in passing upon the state plan offered by the state board. The Federal act requires that the state board "shall annually submit to the Federal board for approval plans showing (a) the kinds of vocational rehabilitation and schemes of placement for which it is proposed the appropriation shall be used; (b) the plan of administration and supervision; (c) courses of study; (d) methods of instruction; (e) qualifications of teachers, supervisors, directors, and other necessary administrative officers or employees; (f) plans for the training of teachers, supervisors, and directors." The Federal board is given the duty of examining such plans and approving them if believed to be feasible and found to be in conformity with the provisions of the Federal statute. The state plan is usually drawn on rather broad lines in order to leave the administrative authorities free for such minor changes as may seem desirable.

Other Federal supervisory duties.—A second duty of the Federal board is to take the step which results in the apportionment of the money to the states, namely, certify to the Secretary of the Treasury each state which has accepted the provisions of the act and complied therewith, together with the amount which each state is entitled to receive.

The third duty which falls upon the Federal board is to audit the rehabilitation expenditures of each state. This is done under a provision of the act requiring the board "to ascertain annually whether the several states are using or are prepared to use the money received by them in accordance with the provisions of this act." It is obvious that the board cannot ascertain how the money has been used unless there is an actual audit. The practice is that when the audit is made expenditures not authorized by the Federal act are deducted from the total expenditures and then one-half of the remaining amount is allowed as from Federal funds if not in excess of the amount apportioned.

The fourth and last of the supervisory functions of the Federal board consists in collating the material sent in as the annual reports of the states and presenting from them statistics on the conduct of the work. This is done under two provisions of the act, one which requires the state board to make an annual report to the Federal board on or before September 1 of each year on the work done in the state and on the receipts and expenditures of moneys under the act, and another which requires the Federal board to make an annual report to Congress on or before December 1 on the administration of the act, including the material reported by the state boards both on administration and on expenditure of money.

Federal advisory service.—The advisory service rendered by the Federal board covers a wide range. It is performed either as an incidental thing in connection with the supervisory duties or under the authorization in Section 6 of the Federal act to conduct studies, investigations, and reports regarding the vocational rehabilitation and placement of disabled persons. One of the earliest services of this nature is of course rendering assistance in organizing the state work. Most of the states in starting the work sought and received advice on proper methods of administration, kind of personnel, records, case forms, and procedure in general. While the burden of this work has decreased, there are still many occasions when state officials request advice on administrative matters.

Another form of service has been assistance in training new staff members. This has been especially necessary when sweeping changes have been made in the personnel by states addicted to political overturns. A further service that has been rendered has been the promotion of an interchange of information between the states. In this manner new ideas and improvements in rehabilitation work have been put in circulation more rapidly and the general level of the work much bettered.

Furtherance of co-operation.—A somewhat similar function of the Federal board has been the calling from time to time of sectional, regional and national conferences in order to bring together rehabilitation workers so that the usual benefits of such association might be gained—inspiration, interchange of information, and the like.

The Federal board has also rendered service in securing the co-operation of various forces whose help was necessary in the rehabilitation program. Thus their representatives have approached at times the representatives of trade union interests to facilitate the acceptance of disabled persons as apprentices, or the representatives of industrial organizations to spread the idea of the employability of the handicapped, or the representatives of organizations doing allied work, the correlation of whose program was desired.

Conduct of research.—Finally, a very important part of the advisory service of the Federal board is to conduct research

and then to give the states the benefit of the results so obtained. The most far-reaching, as well as the most valuable, of such studies thus far was the study that was conducted as to the occupations followed by the handicapped persons that had been rehabilitated. This study covered 6097 persons and disclosed that they were employed at 628 different jobs. It assembled in striking form the evidence of the economic worth of the handicapped and the broad scope of the possibilities open to them. Such large scale research work is a feature which should and probably will be much extended in the future.

In setting up a staff to conduct the various services just described, the Federal board encountered the same difficulties which were faced by the states in starting their work. Persons with experience in civilian rehabilitation work were not available. Resort was therefore had to high grade persons with the various types of training described in connection with the state services. The Federal staff represents a combination of the district and functional systems. Members of the staff are assigned to districts but are not held to them rigidly. From time to time they are assigned to special activities in other districts. So far as possible the effort has been made to have each member of the staff represent a different specialty.

Absolute uniformity undesirable.—The variety in the plans of administration followed throughout the country naturally suggests the question whether a uniform plan devised by the Federal board and imposed upon the states would have advantages. If the charge so often made against Federal subsidy and supervision for matters conducted by the states were true, that it tends to substitute centralized bureaucratic control and arbitrary dictation from the capital, one would expect to find that standardization of rehabilitation had already been undertaken. So far, however, the Federal board has been content to guide rather than control, to advise rather than dictate. It

has been the policy of marking off limits rather than making specifications on a multitude of details.

That this has been a wise policy and probably should be continued indefinitely can hardly be doubted when the intricate nature of the situation is considered. Conditions vary in each state. Political institutions and habits of thought vary throughout the country. Rehabilitation itself is such an individual matter that there must be great flexibility in conducting it. State officials are better qualified to judge of what system and what details are best suited to their own community. It is true the Federal board must undertake to see that efficient work is done and that the money intended by the nation for the reclamation of its disabled citizens is not wasted. But when this is said, the most positive mandate for strong action by the Federal board has been stated. In all other respects its best policy would seem to be one of leadership and guidance.

At the time when the Federal act was renewed there was some discussion as to whether it would not be wise even to remove the restriction on which agency in a state should be designated as the co-operating agency. Some states felt that it might be better if the state were free to designate the compensation commission or the public welfare board if conditions indicated that a better administration would be secured thereby. The suggestion did not receive action upon its merits as there was a feeling against any changes in the original act for fear it would increase the difficulty in getting the statute renewed. At first glance it would seem to have considerable merit, as it would make feasible a closer adaptation to the conditions in any particular state. On the other hand it is to be noted that the present law has not made it impossible for the actual administration to be carried on by other agencies where a state has really desired it.

QUESTIONS

- 1. What reasons, other than those presented in the text, would prevail for or against the placing of vocational rehabilitation of disabled persons in a public welfare department of the state?
- 2. Emphasize the various aspects of this rehabilitation field which make it manifestly unwise and undesirable to regard it merely as a phase of vocational education.
- 3. Show, in view of the peculiar nature of this work, that its effective administration cannot be accomplished merely through a departmental supervisor.
- 4. Project several definite standards which would be valuable in the selection of a personnel for a staff of rehabilitation workers.

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All of these contain some material relating to the methods of administering civilian rehabilitation both by state boards and the Federal Board.

CHAPTER X

TECHNIQUE OF VOCATIONAL REHABILITATION

"Technique," says the lexicographer (Webster's New International Dictionary), "is the form commonly used for method of execution in fine art." Civilian vocational rehabilitation is not classified among the fine arts, but it is rapidly developing a "method of execution" which merits thoughtful consideration here. Such method really involves the development of two simple words—"what" and "how." Obviously the first part of the discussion involves the "what."

Background of case work methods.—The most superficial observation of the rehabilitation activity reveals the fact that case work is its basis. It is the individual who is considered, not the group. Time-honored methods in industry, education and other fields reveal much emphasis upon group methods and group approach. To be sure, earlier educational methods were intensely individualistic, but there was little attention, if any, paid to the personal needs for the subject matter presented. It remained for other fields to develop the truly individual approach.

Case work the only result-getting method.—Mary E. Richmond, in a recent book, has touched upon many ideas that are relevant to the "what" in rehabilitation technique. Miss Richmond's use of the word "client" is justified in this connection since it implies the status of one who benefits by professional advice and assistance.

The use of the term "case," on the other hand, is doubtless

¹ Mary E. Richmond, What Is Social Case Work? p. 27.

borrowed from the field of medicine, where it suggests a history of the individual's disease or injury. The applicability of a personal history in social service or rehabilitation method is therefore obvious. An official expression on the use of the case method is as follows: ²

"Disabled persons, like persons without physical handicaps, differ from one another with respect to age, education, experience, capacity, temperament, ambition, etc. Except in certain instances and for certain purposes, it has been found neither advisable nor practical to extend rehabilitation service to disabled persons in groups. Each case presents its own particular problems, and these problems must be met in the light of the personal equation. The most insistent need in a practical rehabilitation service is to see through the preparation to the employment objective and all efforts must be directed to that logical end. Rarely will it be found, therefore, that a group of persons would come to the rehabilitation service at the same time, from the same community, with the same handicaps and the same capacities for adjustment, permitting their being grouped for service purpose."

Another statement of individual treatment.—A more thoroughly analyzed statement is made by Dr. R. M. Little, Director of Rehabilitation in New York: ³

"The rehabilitation service is not group work, nor can it be successfully accomplished by the usual standards of school work. Physically handicapped persons do not fit well into standards for normal pupils. Experience shows that the rehabilitation of the disabled is a highly complex, specialized personal service, which must take form according to the peculiar difficulties and aptitude of each person. For one, it may be assistance to secure physical reconstruction and a prosthetic

Report Federal Board for Vocational Education, 1922, p. 361.

³Bulletin 93, Civilian Rehabilitation Series 8, Federal Board for Vocational Education, p. 9.

appliance that he may return to his former occupation or engage in a new one. For another, it may be changing from unfavorable working conditions to a more helpful environment. To another, counsel and advice may be given about entering upon a business venture. Many industrial workers must be retrained in industry, others can take correspondence courses in their homes and be guided by tutors. Many can be sent to trade and technical schools for special courses, particularly the young. A small proportion can be retrained in commercial schools. Every physically handicapped person presents a number of distinct problems which the rehabilitation workers must deal with sympathetically and with imagination, patience, and ingenuity. Case-work methods, therefore, are fundamental to success in rehabilitation."

Tuition allotment fallacy.—In some quarters it has been argued that achievement in the civilian rehabilitation field is a relatively easy matter owing to the very simplicity of the administration. The rehabilitation personnel of the country will welcome suggestions that will point out a plan of simplifying its method of procedure. However, it is yet to be established that administration of this far-reaching activity is merely the allocation of tuition funds. To argue that the work consists merely of placing specified sums of money in the form of tuition with certain training agencies is to do so without knowledge of the facts and without conception of the magnitude of the work.

The notion, if carried to its logical outcome, would mean simply that the disabled person would report to the rehabilitation agency and in due time be told to report at a school, a shop or a factory where an opportunity would be given him to undertake the first steps of a trade or other vocation. The next step would be the request by such school or shop or factory of the rehabilitation agency that its bill for tuition be allowed and paid. According to the opinion under discussion

here that is all there would be to the whole matter. From then on the rehabilitation agency would wash its hands of the whole matter so far as the disabled person was concerned. To all intents and purposes this disabled one would now be on a fair way to rehabilitation if indeed not completely rehabilitated. In fact, then, there would be no need of field agents to locate persons needing such assistance, no need for supervision while in training, or follow-up after training is over to effect placement or any service that may seem appropriate thereto. In other words, there would be needed for such work a mere office staff competent to take applications, make perfunctory assignment of a course in training and subsequently pay the bill for such training or service. The weakness of such a position becomes very obvious to any serious and thoughtful worker in the field. It is clear that the method just described would reach only a small proportion of those who should be served, would often care for those who least needed assistance, and would oftener than not fail of sound rehabilitation results through not being adapted to each individual's needs. It assumes that rehabilitation is a favor granted to the citizen by the state, whereas the true theory is that the state is quite as much interested in having its citizens restored as is the citizen in being restored. Yet the fallacy has for considerable periods and in quite a number of states hampered the development of the work.

Active rather than passive attitude.—It follows that the attitude which ought to be taken by the rehabilitation force should be an active not a passive one, a positive and not a negative outlook; a forceful, energetic and searching inquiry to find those who need and who may profit by this undertaking. Certain legitimate publicity may be used to this end, such as local newspaper articles, contributions to publications having general circulation, addresses to civic bodies, interviews with influential citizens, etc. There can be no doubt that the initial

phases of the movement in a community or state need to be sold to it like any other worth-while enterprise. Publicity which is sane and well ordered is both legitimate and necessary. Not only is such publicity necessary for him who is finally reconstructed but it is also valuable for the state that its activities become well known to its citizens.

Details of the job.—The rehabilitation worker will be a busy person if he has caught the vision of his job. H. L. Stanton, Supervisor of Civilian Vocational Rehabilitation in North Carolina, in discussing the necessary qualifications of state rehabilitation personnel expressed the duties of a rehabilitation worker as follows: 4

- 1. Interviewing or surveying applicants.
- 2. Forming feasible plans of rehabilitation.
- 3. Supervising training and employment.
- 4. Securing employment.
- 5. Soliciting funds for the phases of rehabilitation for which appropriations have not been made.
 - 6. Securing co-operation of individuals and agencies.

The above job analysis, even though it is a very compact and general one, states clearly what may be expected of the rehabilitation worker. It leaves little doubt, if any, of the magnitude of his activities.

On the other hand, a clear and concise expression of what is to be done when the worker meets the disabled person to work out this personal reconstruction program may be found in the summary made by Miss Helen McCoy, Rehabilitation Assistant, Albany, N. Y., of the personal equation: 5 "His actual physical capacity; his past experience and training; his intelligence and mental alertness; the opportunities in his particular environment; his preference—the thing he is most interested in. . . .

⁴ Bulletin 93, Federal Board for Vocational Education, p. 123.

⁵ *Ibid.*, p. 30.

"Besides all these elements, over and above and permeating the whole situation, is the man's morale, his outlook on life, and the handle by which he grasps it.

"If we know well all those five of six subjects in regard to the man, we begin to know him really as an individual and at last to get an idea of what he thinks of rehabilitation and of us."

Sources of cases.—One of the earliest functions of the state rehabilitation service is to make such contacts and do such publicity as will bring to it a sufficient supply of possible cases that it may pick from them the ones most worthy of receiving the state's attention. In the opening years of the state activity the cases will not seem to be unduly numerous. As the work becomes better known, however, the number of reported cases will increase rapidly and the element of judicious selection will become an important one.

Organized services.—The sources from which reports will be received may be classified in two groups: first, organized services, and, second, casual channels. Foremost among the organized services which will supply the rehabilitation agency with cases will be the Compensation Commission or Department. Every Compensation Commission receives thousands of accident reports in the course of the year and a considerable number of these will be serious injuries raising the question of the desirability of rehabilitation. As the rehabilitation service is considered in part a supplement to the compensation act, it follows that rehabilitation should be offered every seriously injured person having a permanent impairment. A man who loses an arm may not necessarily be a subject for rehabilitation. He may be a foreman and may be able to continue in that capacity despite his injury. There are many facts which will enter into the matter, however, and it is not safe to pass by any seriously injured person without at least acquainting him with the work.

Another state agency which will be found in most states and which can usually give information about accidents is the State Railroad Commission. Railroad reports will not usually be found as complete or as trustworthy as Industrial Commission reports, nor will the railroad men be found as immediately responsive. This is due to the fact that in most states they are still under a form of employers' liability act and the amount of damages they receive depends upon the showing made at the trial as to the probable future loss of earnings. On this account most of the seriously injured railroad men defer training until after they have made settlement.

Other sources, organized and casual.—In many states other state departments will be found to have reports of disabled persons. Sometimes the Child Welfare activities of the state will uncover cases in the families of children with which they are in contact. Other organized sources of information are physicians and clinics. It goes without saying that early efforts should be made to get these agencies trained to report cases. They will be found to be slower and more unreliable about reporting than the others just referred to. Finally, social service agencies of many kinds exist in nearly every state and these at some point or other come in contact with disabled persons. They can readily be interested and will soon get in the habit of sending in reports.

Among the casual channels that will send in reports will be labor unions, fraternal orders and individuals. Not infrequently the handicapped person will report his case himself through having read of the work in the newspapers.

Preliminary investigation.—After the first report is received not all cases will take the same course. In some instances the first contact will be the personal appearance of the applicant himself at the office. In others, receipt of a report will be followed by a letter to the prospective trainee. The response will

determine many of the preliminary facts upon which registration of the case as a definite rehabilitation case will depend. Two things must be considered—eligibility and susceptibility.

Eligibility.—Under eligibility would come residence, the question of whether the proposed trainee has a bona fide residence in the state and therefore a claim upon its services. While most cases are quite clear on this point there will always be a number of border line cases that will give considerable trouble. The fundamental thing for eligibility, of course, is the disability itself. Unless there is a permanent disability which is also a vocational handicap, the case does not fall within the scope of the rehabilitation scheme. The existence of the disability is not a thing to be passed upon perfunctorily. In dismemberment cases it often may be very obvious, but in the others it will become a matter for medical testimony.

Vocational handicap.—The question of vocational handicap is even more elusive. Cases are on record where persons have been given the services of the state's representatives for a considerable period and even had tuition spent on them before it was demonstrated that they were not really handicapped but had an occupation by which they could maintain themselves. Age is also a factor to be considered in connection with eligibility. It is obvious that it would be futile for a state service to consider as a possibility anyone who had not attained the age where vocational training is practical. In most states this is held to be sixteen.

In connection with determining vocational handicap the principles adopted by the State Board for Vocational Education in Minnesota may be of interest. They are:

A vocational handicap will be considered to exist when there is evidence to support any of the following conditions:

- A. Inability to pursue former occupation, or any occupation without special training.
 - B. Inability to pursue former occupation except at a decrease

in efficiency and consequent material reduction in remuneration as compared with that previously received, or inability to pursue another occupation except at a materially lower remuneration.

- C. Probability of more frequent periods of unemployment in former occupations, through decreased efficiency resulting in earlier lay-offs at slack times, discrimination in re-employment and the like.
- D. Existence of unusual hazard of incurring further or total permanent disability if former occupation is continued, e.g., a man who has lost one eye continuing in an occupation where there is a high degree of danger of eye accidents.

Susceptibility.—In connection with susceptibility age must again be considered. Here it is rather the other end of the scale that requires watching. When a disabled person is past the normal working age it is usually futile to consider him a possibility for retraining. The disability itself, too, must be considered in this connection. While it is not possible to say that a person with a given type of disability cannot be made economically useful, it must be conceded that when some of these disabilities occur in connection with a certain type of mentality and temperament the chances of success are so slight as to warrant the state agency in devoting its time to more promising cases.

The mentality of the prospective trainee is another item to be considered. Since it is vocational handicaps resulting from physical disabilities that this service is intended to remove, it would not be proper for time to be devoted to cases where the predominant handicap is a mental one. In addition to the foregoing items, the preliminary investigation will often disclose the employment opportunities in the place of residence. If there is no information on hand at the office about that particular locality, preliminary letters will at times bring out plenty of it. Still another point bearing on susceptibility that may

be developed early in the investigation is the responsiveness. In general, it will not be worth while for a rehabilitation service to waste much time upon handicapped persons who are not quite responsive from the first.

Personal interview.—No matter how much information is secured by preliminary inquiries, the case must eventually come to the stage of a personal interview with the representative of the state agency. Only in this manner can the situation be fully understood and all the possibilities of the disabled person be learned and utilized. Temptation will be strong at times when the facts all seem clear from letters to grant the sort of training asked for and waive a closer acquaintance, but it will be found a most unsafe method of procedure. Pressure is usually brought upon every state rehabilitation agency about the middle of August or the first of September of each year to approve proffered plans in a hurry in order that handicapped persons may get started in the fall term of some school. Often they have never approached the agency before, but that does not prevent their wanting a decision within twenty-four hours. While efficiency demands the elimination of anything in the way of useless formality it is equally clear that personal contact is required in order to secure the best sort of work in rehabilitation.

Things accomplished by the interview.—Some of the things accomplished by the personal interview as noted in the Federal Board's 6 diagram of case procedure are:

1. It develops morale. It does this by filling the applicant with security for the future. He gets the direct promise of the state as to what it will do. His possibilities are discovered in greater measure, and not infrequently a change made in the tentative plan. He is encouraged by being told of the experience of other disabled persons. He is given a new appreciation of the government's care for its citizens.

⁶ Yearbook Federal Board for Vocational Education, 1923, facing p. 399.

- 2. It completes the investigation. The preliminary correspondence and collateral data do not bring out many of the final points. Now is the time to ascertain the previous education of the applicant, his previous working experiences, his avocations, the various worries that are holding him back, the general field of his interests, and, in short, every item which enters into the background of his choice of future occupation.
- 3. It initiates the tentative plan. Sometimes a plan has been tentatively in mind from the first letter of the disabled person. He writes that he wants training in bookkeeping or in auto mechanics or in watch-making. Now the state's representative can judge whether he is fitted for any of these things and which one is above all the best thing for him to take up. Some of the elements that will enter into the choice will be the employment opportunities at the place of residence, the contacts with local employers and the opportunities for maintaining him during the period of training. It is not advisable as a rule to encourage the disabled person to go to another locality. He is better off among his friends and acquaintances. Hence, all the above items must be considered in making the plan.

Follow-up is desirable.—If the interview has been held in the office, a follow-up in the disabled one's home is desirable as soon as possible. In fact, it may be set down as a practical working principle in the rehabilitation of handicapped civilians that every office interview contemplates a subsequent home interview, unless there are circumstances that would make such a visit unnecessary. To assume that a worker could do all that might be done for a disabled person merely through the information gleaned in what is sometimes a very meager and sometimes conventional office interview is to confess ignorance of the best practices in social welfare endeavor.

Field interviews.—It requires skill on the part of the worker to carry on a successful home interview. But it requires skill wherever it may be done. At home, the person interviewed is

not so much on the defensive. He may become aggressive and that is precisely what is wanted sometimes. There are times in the training of the disabled that such a quality is the one factor which spells success, and if there is any environment which will indicate its presence, let rehabilitation workers be shown it by all means. Then there are those personal touches in the home interview which give a world of information to him who seeks to aid the disabled. Again Miss Richmond puts it aptly: ⁷

"To the quiet observer the photographs on the wall, the framed certificates of membership in fraternal orders, the pensioner's war relies, the Sunday School books, the household arrangements are all eloquent. And far more revealing than these material items are the apparent relations of the members of the household to one another—the whole atmosphere of the home."

Neutral ground sometimes favorable.—To the rehabilitation worker the holding of an interview on neutral ground would be immaterial. It is wholly a matter of convenience, suggested by immediate conditions or circumstances. There are times, to be sure, when certain embarrassment might be avoided by holding an interview at some place other than the rehabilitation office or at the home of the disabled, and if such is the case the worker should not hesitate to arrange time and place that would obviate any possible embarrassment to the client.

"It would seem to sum up," says Miss Richmond, "that wherever the sense of strangeness may be worn away most quickly, wherever a good understanding with our client may be established most easily, is the right place for the first long talk; and whether this place be the home or the office must depend upon conditions which vary with locality, with the nature of the work to be undertaken, and with the temperament and equipment of the worker."

Mary E. Richmond, Social Diagnosis, p. 107.

^{*} Ibid., p. 110.

The rehabilitation plan.—As a rule a definite final plan for rehabilitation is not made up hurriedly. It is important to have all of the factors known before a conclusion is reached and to give the matter careful consideration, because an error at this stage will mean a great loss to the state and to the disabled person and sometimes the total failure of the effort to rehabilitation. There will be exceptions of course. There will be times when the facts are perfectly plain and point directly toward but one course. These occasions will be few, however, in comparison with the ones where a careful study and much deliberation are necessary. It is sometimes true that even after every precaution is taken the plan will prove later to have been the wrong one and a change will be necessary. The number of these instances will be reduced to an unavoidable minimum by the amount of care taken at the beginning.

Two elements enter into the final plan—the determination of the job objective and the choice of the method of accomplishment. Some indication has already been given of the things that must be considered in setting up the job objective. The matter of advisement is so important that it will not be treated here but will be the subject of a separate chapter.

Supervision.—The need for an active attitude in rehabilitation was discussed earlier in the chapter. In no place is such an attitude more evident than in that process of the work which is known as supervision. It is by no means an easy phase of the work, since it involves not only good general knowledge of occupations but an adequate fund of common sense. Regarding the value of supervision based upon the qualities stated, it would be well to follow again the words of Mr. Stanton who says: 9

"Careful, intelligent, and effective supervision needs to be given to all cases in training and employment. How an agent can successfully supervise the training of an individual in an

Bulletin 93, Federal Board for Vocational Education, p. 123 seq.

occupation of which he has no knowledge is beyond the comprehension of the speaker and yet he has seen it attempted many times. . . . For successful supervision a general knowledge of the occupations in which trainees are placed is necessary. To acquire this knowledge one needs to be a student and a careful observer. Tact, good judgment, and stamina are required in adjusting differences between students and instructors, between employees and employers. In placement training it sometimes becomes necessary to inform an employer that he is not giving a trainee a square deal, and it frequently occurs that the trainee needs to have his shortcomings pointed out to him."

Careful oversight is vital.—Mr. Stanton follows with an illusration of a linotype operator who, instead of securing keyboard practice, was spending considerable time cleaning mats for other operators. Subsequent conferences with the employer soon removed the difficulty and the trainee received more keyboard practice, thus preventing, as Mr. Stanton says, "a complete breakdown of the training program." It would seem then, that supervision of the disabled in training would be just as necessary as oversight by a factory foreman or by the superintendent on any construction job. Indeed it would seem to be just as vital as any direction or co-ordination that is held to be essential to any activity whatsoever.

Such supervision may be done at the hands of the field worker in close co-ordination and co-operation with the agency training the disabled. True it is that the agent may not be able to do it daily, weekly or even monthly, but it must be done at some time and that doing should be the result of a plan giving it some semblance of regularity and system. It may be assumed of course that the training agency does its part in supervision of such training meanwhile.

Case histories.—Doubtless, one of the most potent of factors in successful rehabilitation is the assistance derived from

case histories. The plan is merely what the name implies, a history of the case built up chronologically as events happen in the contact of the rehabilitation agency with the disabled person. Probably one of the most useful features of a case history is the connection which may be readily made by an agent who has been assigned to a case that has been on record for some time.

There are times when the application, correspondence and other cumulative documents do not give and cannot give an integrated story with events consecutively and logically presented, such as may be possible with a case history. In practice, the case history works out as follows: A, who was injured in a mine accident, became permanently disabled. After receiving notice of A's disability, a field agent from the rehabilitation service of the state sought him out and found him at his home. Following and during the interview, an application was secured from him asking for vocational aid from the state. The first entry on A's case history (which may be the usual blank correspondence paper with no headings) will indicate the date of such application, together with the place. A brief note indicating the circumstances of the visit and the application will be quite sufficient, assuming that the note contains such data as may not properly be indicated on the application itself. Possibly a very few lines will give the desired story. The stenographer will close that entry with the initials of the agent on the case.

All subsequent entries on this history will then follow in a chronological order, showing date and agent's initials as suggested. No event of importance on the record of A is then omitted, although care and good judgment must be used to prevent the history from becoming a mere history of the agent's travels, an itinerary of the worker in other words. This objection has been voiced by thoughtful workers in the field who have otherwise been enthusiastic regarding its possibilities.

Typical entries in history.—Other entries on A's record will include the receipt of letters with a note on its contents and the reply to such a letter with similar note. There will also be the entry regarding A's induction into training and his subsequent placement, together with notes upon the several intermediate visits made to him by the field agent supervising his case. A will call at the central office probably to seek information or a member of his family may do so and the event should appear properly in the history. A will report to his physician for additional medical care as a result of his disability, or will consult his artificial limb maker or see the state commission having oversight of his compensation, all of which will be recorded in the proper place in A's history. Then there are the visits which may occur as a follow-up to see how A has fared in his new job, and finally the closure to indicate that A has finally been rehabilitated as far, at least, as the rehabilitation bureau is able to do so. Such a record may, according to the time a case is open, comprise several typewritten pages.

Value of case history.—The uses to which case histories may be put are many. To the director of the work in the rehabilitation office it is almost invaluable. It serves for him as a definite checking upon the case itself showing just to what extent the field agent may have followed the client, not assuming that the agent needs such check-up against any delinquency or neglect on his part, yet it is quite possible through oversight or pressure of other calls that he may not have given this person the attention that was due him. The case history gives a clear, concise and logical view of the ward's status that is indispensable for a proper evaluation of it at any time. When a case has developed to the point when a bit more time, or perhaps another contact will readily close it, so that attention may be directed to others waiting, the case history will again

serve the director as a basis for conference or possible reassignment to a field agent for steps leading to closure.

To the field agent in rehabilitation a case history of the ward should serve as opportunity for self checking so far as his own cases are concerned. He can by a cursory review establish the status of his ward very readily. He will find it invaluable in the event an old case has been reassigned to him for further development or steps leading to closure. To the office staff who may receive calls in person from wards or their relatives and interested friends, the case history is a ready sort of assistance in expediting the routine business of the bureau. References, workers, ward's relatives, or any one possibly interested may be checked by consulting such history. quently such information is requested by correspondence or even by the telephone, when use of the history is obviously valuable. Not the least of the advantages of such a plan is the occasion when a ward or his relatives and interested friends call at the bureau to see the agent who has been at work upon his case. A call at the desk indicates the name at once and a ready glance through a well-ordered file soon produces the entire record with history up-to-date which the agent may review just before the ward comes in. The result is what may be expected. The agent has refreshed his memory with all necessary details and the conference may proceed without delay.

Records.—Obviously there is one outstanding justification for records of any sort—that of immediate or future use. In rehabilitation service records are of constant and pressing value from the moment that the first contact with a case is made until the last contact forecasts its closure. It is difficult to conceive of any activity public or private which would have greater need of records than the restoration of physically broken men and women. Almost immediately after the rather formal application has been filled with those data which to

some may seem needless, the worker begins to examine or review its contents with the idea of bringing into active relief those features of the ward's record which seem most significant. His address sets off at once his location, his accessibility, his proximity to training centers and the job and those countless other matters bound to arise in connection with his complete vocational recovery. The nature of his disability suggests possible lines of development as well as those vocations which he should probably avoid. His medical history may give additional clues regarding vocational selection. The record of his employment showing when, where and for whom may have important bearings upon the whole matter of recovery and subsequent placement.

Details of typical state record system.—A regional conference on civilian vocational rehabilitation was held for the southern region at Signal Mountain, Tennessee, in June, 1925. The opinion of the group as assembled seemed to be that an adequate record system was as essential to genuine rehabilitation as any other phase of the service. The group gave expression to the fact that the following forms should constitute the minimum in essential records: 10 survey of case, cost sheet, status card, rehabilitation plan, contract, monthly report form and closure The first form mentioned is popularly designated as the application blank and it does precisely what its name suggests. The cost sheet need not be an ambitious one as it need show only actual amounts paid out for training, tuition, supplies and other legitimate expenses. The status card is a convenient form showing at a glance whether the disabled person is in training or in some other appropriate activity. The plan of rehabilitation may be only a paragraph, if desired, indicated on the first form named. Contracts with training agencies are in duplicate and represent authority for the disbursement of funds on account of training. The monthly report forms

¹⁰ Miscellaneous 701, Federal Board for Vocational Education, p. 20.

show the progress of the trainee at the hands of the training agency. The closure card or entry in the history indicates the final disposition of the disabled person and is logically the last one in his record.

Statistics.—It is patent to anyone dealing with civic and social matters that statistics are valuable only in so far as they may be used for a specific purpose. The mere accumulating of data does not affect a vital matter one way or another as long as those data merely stand with no interpretation of them whatsoever. Statistics have been useful to the field of vocational rehabilitation in giving, first of all, some notion of the magnitude of the problem and second an index of the work's accomplishments together with the leading factors making for success. For both these purposes accurate figures are of the utmost importance. All efforts, therefore, such as those of the Federal Board, to bring about an agreement on the information to be studied and a reasonably common interpretation of terms are to be favored. The study of occupations recently made by the Federal Board disclosed that many state record and statistical systems were defective at points of much consequence. Thus it is stated: 11

"If the experiences of the various states in successful and unsuccessful rehabilitation are to be ultimately made matters of record in order that a higher and higher degree of efficiency can be developed, this study shows very plainly the need by rehabilitation workers for additional data to that which they now possess. The study has brought out the existence of gaps in the present recording systems."

Among the points mentioned as requiring better recording are the intelligence of the client, the description of the jobs before and after rehabilitation, description of disabilities, reasons for action taken, factors influencing morale, types of cooperation utilized and the wage after rehabilitation.

¹¹ Bulletin 96, Federal Board for Vocational Education, p. 6.

Problems in organizing co-operation.—The problem of cooperation as it applies to rehabilitation of the disabled person
must be present throughout any treatment of the subject in
a comprehensive way. At no point in the story of rehabilitation does co-operation ever really drop out. Sometimes it
seems that the very life of it depends so much upon the hearty
co-operation of all forces, groups and individual, that have any
contact with the work whatsoever. In fact, that is one impression which is absorbed earliest by the new worker in the
field—the vast number of ramifications which the activity seems
to reveal among the various kinds of social welfare. Sometimes, it is true, there seem to be so many inter-contacts that
the neophyte may become puzzled, but again that presents the
interesting challenge which the work affords. The topic is
treated at length in Chapters XVII and XXIII.

Problems of the executive.—Dr. George B. Mangold of St. Louis, in addressing the National Conference on Rehabilitation, made the following statement: 12

"A program of vocational rehabilitation requires patience, and that is precisely the quality which the partisan in politics does not possess. He wants results, and wishes to disclose these results to the public and convince the public of the nature of his achievements. Because these results are not always accomplished, many are the enterprises that die before they have had a chance to demonstrate their usefulness."

The executive in rehabilitation is soon face to face with the biggest problem of all technical procedure—what is wise or what is expedient in the economic reconstruction of the disabled person? The answer to that question involves other problems with their appropriate solutions, such as the selection of a staff that can assimilate without too much loss of time the principles of technique in procedure, the selection of

¹² Report of Proceedings of First National Conference on Vocational Rehabilitation, Federal Board for Vocational Education, p. 69.

training agencies that can grasp quickly the needed vision to train the disabled within reasonable time, and finally the bringing about of entrées to the employing public, that these trained though disabled civilians may function as useful citizens.

QUESTIONS

- 1. What are the features of case work which seem so well suited to the rehabilitation of disabled persons?
- 2. What additional effective avenues may be suggested through which disabled persons needing rehabilitation may come within the purview of rehabilitation officials?
- 3. Propose suitable variations of the principles of eligibility which are offered by way of illustration in the text.
- 4. What methods might be suggested as valuable adjuncts to interviews in securing information about the disabled person who desires rehabilitation?
- 5. What defects would become apparent through inefficient supervision of rehabilitation cases in training?
- 6. Of what value may the case history be when the time comes for placement of the handicapped person in employment?

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CHAPTER XI

VOCATIONAL ADVISEMENT

Careful advisement is often the means of saving trouble in the future. H. E. Stone, in addressing the National Educational Association in 1922, said that vocational guidance ¹ "is a scientific attack upon the problem of conserving human energy and preventing human waste." Those who guide and direct others may find that a long period may elapse between the first contact and that occasion when he who is guided or directed finally takes his place in the work of the world. To advise wisely and sanely and well may be an art not possessed by all who essay that function. There may be those who insist that the ability to advise in the manner suggested is not something to be acquired—rather it is a gift. Whether it is the one or the other, the truth is that it is essential in any planning of careers, however humble they may be.

Careful advisement essential.—To have advised the disabled young man who was formerly an unskilled laborer to become a carpenter when perhaps he might have succeeded better as an automobile mechanic may not have been so serious. But to have suggested carpentry when perhaps he would have done better as a bank teller may have been more serious. The problem is well put by Virgil E. Dickson² in a paper read to the National Education Association in which he says that he who advises must have "broad experiences and training" together

¹ Addresses and Proceedings of the National Education Association, 1922, p. 1234.

² Addresses and Proceedings of the National Education Association, 1923, p. 866.

with "expert analysis of probabilities of success and failure" ... "based upon his (the client's) past record, his interests, his habits and his apparent ability." These statements are the more significant when he adds later that "Counseling does not mean arbitrary dictation."

Significance of guidance.—Advisement of the right sort is so essential to the program of rehabilitation that it is well to note at this point two statements as to its significance. The first is made by Snedden: "Vocational guidance represents an attempt (first through philanthropic initiative and support, and later appearing through agencies for public education) to lessen the misdirection of energy and general loss of effectiveness at present involved in the efforts of young persons, especially in urban centers, to find suitable employment." The second is quoted by Davis from the report of the sub-committee on vocational guidance of the commission on reorganization of secondary education: "Vocational guidance should be a continuous process designed to help the individual to choose, to plan his preparation for, to enter upon, and to make progress in an occupation."

The basic thought from most authorities would seem to suggest that guidance is necessary in order to prevent waste or, to put it in a more positive way, to conserve all resources, both human and material. To proceed, therefore, on any plan of personal rehabilitation without some thought as to provision in terms of the specific needs of the individual, is to ignore present tendencies of efficiency.

Relation to educational advisement.—Vocational advisement and educational advisement are not far apart. According to the angle from which one views it either one may be included under the other. That is, in so far as vocational advisement contemplates general education within its scope or plan for an

David Snedden, Vocational Education, p. 580.

⁴Calvin O. Davis, Junior High School Education, p. 265.

individual, it is the larger or the broader of the two. On the other hand, an educational guidance plan might include the matter of vocation, hence guidance of that nature. Perhaps for general use it is not necessary to have hard and fast distinctions between the two, except that it should be clear that they are not identical.

Then there is a view which may be represented as somewhat between these two and which probably is the one which should be used for basis of thought in this field of rehabilitation. It is expressed by Inglis in these words: "The newer conception of guidance involves primarily a system of educational experiences designed to permit the pupils to explore, to try out, and thus gain some understanding of his own capacities, aptitudes, and interests, etc."

Finally reference should be made to an eminent authority in the field of advisement, John M. Brewer of Harvard University. In an article on "Progress and Problems of Vocational Guidance" he says: 6 "Vocational guidance has an important and intimate relationship to other forms of guidance, particularly educational guidance. Being a school pupil or a college student is one's vocation for the period of his curriculum. This full-time work of being a student is thereafter succeeded by his life occupation. Furthermore, one's work consumes half of the waking time of an ordinary day, and failure to solve its problems, as Mr. Micawber discovered, seriously interferes with one's home life, citizenship, recreation, culture and well-being, and often also with his morals and religion."

Relation of vocational advisement to placement.—The relation of advisement to placement is so important that it may be stated thus: Unless advisement or guidance is of the character that suggests and plans activities that lead finally to placement or a job or whatever amounts to the same thing, then it

⁵ Alexander J. Inglis, Principles of Secondary Education, p. 717.

Harvard Alumni Bulletin, Vol. XXVIII, No. 5, p. 136.

is safe to postulate from the outset that it is not guidance or advisement worthy of the name. True it is that the advisement may contemplate a rather long period that may elapse before placement eventually takes place, but that must be its ultimate objective. Why give advice or guidance merely for its own sake with no thought of follow-up? It is true, of course, that sometimes advice functions, even when disregarded, in that it helps another to come to a decision, but even so the advice has not been valueless since it has helped to make a decision leading to worthy activity.

Speaking along this same line of argument, Cubberley says: ⁷ "The work culminates with the placement of the pupil when his training is completed, and some follow-up oversight to see that the youth gets properly established in the work of life." Referring again to Inglis,⁸ one can trace his conviction on the point that educational guidance has an important relation to placement when he speaks of "an effective form of administrative machinery for educational guidance through advice, counseling and possibly occupational placement."

Development of advisement.—Advisement can only follow careful analysis of facts which have been brought out from the life of the individual. It hardly seems reasonable that one in position to advise on so vital a thing as a life's work would presume to give advice unless all possible information had been secured in the first place that would have any bearing upon the person's future.

Such information does not mean merely the previous vocational history but vital facts in the personal history as well. In the case of the young man with a disabled condition following tuberculosis of the hip, it was necessary to know what kind of farm work he had done, what his powers of endurance were, what aptitude or interest he had, if any, in books or tools

E. P. Cubberley, Introduction to the Study of Education, p. 311.

Op. cit., p. 719.

of any kind, what his economic situation was and so on almost indefinitely. The information gathered from this young man was sufficient eventually to enable the field agent to advise placement training with a watchmaker. He made good eventually, but no small part of his success lay in the fact that advisement followed as a result of careful analysis.

Advisement not a matter of snap judgment.—A most vivid account of what vocational guidance or advisement should not be is given by Miss Richmond. She refers to an account of a vocational guidance case appearing in an early work on the subject, in which the counselor undertook to dissuade a boy of nineteen from becoming a physician and to direct him into other channels on the basis of one short interview. He prefaced his conclusion with the words "When the study was complete." Miss Richmond takes this as her theme:

"'When the study was complete!" Psychologists realize now that tests of memory, like most other mental tests, must be repeated to eliminate accidental factors; but assuming that the counselor had made the psychological tests with care, he still has ignored many factors, which though not measurable by tests would yet modify the social diagnosis. He tells the boy that he cannot be a doctor, that he might succeed in some mechanical or manufacturing industry, that he must cultivate a cordial smile by speaking before a glass, that he must read solid books, study to prepare for citizenship, and so on. Such unconstructive vocational guidance the counselor apparently supposed to be a form of social treatment. Had he used his opportunity to acquire social evidence as well as psychological, he might have instituted treatment that would have struck at the root of the boy's difficulty. Here is a boy who has been attending the evening high school for several years. Has he been employed during the day; if so, at what? Is this work of a kind that would account, in part at least, for his failure as a student?

⁹ Mary E. Richmond, Social Diagnosis, p. 46 seq.

Are there removable causes not only for his lack of success but for his physical condition as well? In the case of such a boy, should not a medical diagnosis precede vocational advice? What are his home surroundings? Have his parents plans for him or aptitudes of their own that would suggest possibilities in him? Are any of his family already known to some of the hundreds of social workers in Boston? If so, a summary of this social work experience might be suggestive. The book containing this illustrative interview was written to aid vocational counselors, presumably busy men. Nevertheless the question as to what a boy is to do with his working days for years to come is too vital a one for such summary disposal. The interview here quoted, ignoring the possible aid of other specialists, professes to be complete in itself, whereas a few letters and telephone messages to employers, teachers, confidential exchange of information, and the boy's parents, together with a reference to a competent physician, would have brought to light social and physical factors which contributed to the boy's ill success, and would have indicated how to remove them.

"The counselor dealt with symptoms only. He assumed that an examination of the boy as regarded his appearance, speech, and mental reactions, during that brief cross-section of time, would give all the data necessary for treatment. Only to one who was all-wise and all-knowing could a single examination have been thus fruitful."

Genuine advisement proceeds with care.—The illustration just cited is a fair indication of the kind of advisement which does more harm than good. Here was one who professed to be a "counselor" but who was content to give advice merely upon a single office interview held under strained conditions. In the previous chapter the folly of such procedure was pointed out. Advisement must follow as the result of painstaking development. It is the result of growth or development that cannot possibly follow a single interview. As suggested in

Chapter X, tentative plans may be formed, it is true, but genuine advisement proceeds with care.

This point is well illustrated again by one from the field of rehabilitation. A young man who lost his right arm in a belt accident was interviewed several times by one agent before finally advised to enter upon a long and thorough course in poultry raising. The first interview was given over very largely to the securing of his application, given reluctantly, and to the establishment of confidential relations between trainee and agent. Distrust eventually gave way to confidence and the trainee in time became one of the agency's outstanding cases of successful rehabilitation. There can be scarcely any question that advisement is developed through patient and painstaking effort extending over a considerable period of time.

Psychological tests.—Examination of statements by leading authorities does not reveal much unanimity, if any, regarding the use of the terms psychological, mental and intelligence in connection with tests. Generally speaking, "mental" and "intelligence" as applied to tests will be used interchangeably, as that seems to be customary.

To be clear regarding certain terminology and expressions, however, it will be well to define some of the accepted terms as noted by a few of the best thinkers in the field. A British educator, James Drever, has made this rather clear statement: ¹⁰ "Mental tests have originated from three different lines of investigation, and been elaborated from three different points of view." In expatiating upon these three points of view, he indicates that one type has come from the psychological laboratory, involving tests of sensory discrimination, span of apprehension, etc. Another type has dealt with the psychical aspects in the study of relative effects of heredity, environment, etc. A third type has developed that field of testing most generally known and which is understandable to most people under the

¹⁰ James Drever, Psychology of Education, p. 142.

term mental testing. It is the field in which educators and employers of labor are most interested, when they think of measuring the mental capacities of those whom they have in charge.

Individual tests.—In that field of psychological testing which is under consideration here there are two general groups. One is that which tests individuals only and which gives the basis for the well-known I. Q. or intelligence quotient. Perhaps the best known, because it was one of the earliest, is the series of tests called the Binet-Simon Scale of Intelligence published in 1908 in France. The tests range in ability from that of an average three-year-old child up to that of an average adult. Revisions of this scale followed. Apropos of that Arthur I. Gates 11 says: "In America the work has been specially active, and among the several revisions, that by Terman, known as the Stanford Revision and Extension of the Binet-Simon Scale, is most thorough." This provides testing of ability up to that of a "superior adult."

Performance tests are given individually also. "The Stanford-Binet test is largely a verbal test," continues Gates, and therefore it cannot be used successfully with deaf or foreign children or with children having speech defects."

Group tests.—Group tests, as the name implies, are used with groups of people. They are more readily administered than the individual tests, because a large group may be examined in a comparatively short time. Only persons who have been carefully trained for that purpose should attempt to administer individual mental tests of any sort. However, with group tests one does not need special training, but they should be given only by competent persons who are conversant with tests and the test movement. Probably the best known group test is the Army Alpha, the verbal test given so generally to men of the American

¹¹ Arthur I. Gates, Psychology for Students of Education, p. 422.

¹² Ibid., p. 424.

Army during the World War. It consists of eight distinct parts having various kinds of written and other exercises.

Place of intelligence tests.—One cannot go very far into the field of intelligence measurement without noticing the contribution made to it by Terman. His view on the matter as it relates to vocational advisement is as follows: ¹³ "The most important contribution which psychological tests are at present prepared to make is in the measurement of general intelligence. The special abilities which so largely influence success in the majority of vocations have not yet been satisfactorily analyzed, much less measured. The intangible factors of interest, will power, social adaptability, leadership and personality are still less subject to exact determination, although their combined influence upon vocational success is doubtless very great."

Prosser and Allen say: ¹⁴ "Any individual with an I. Q. of 70, for example, is said to have a low level of ability, one having an I. Q. of 120 is said to possess a high grade of intelligence; while a rating of 160 would indicate an exceptional mind. To the extent to which any test does subject the minds measured by it to thinking about experiences common to every mind, it furnishes a reliable and comparative picture of the intrinsic ability of each. This is all that it can do and all that its inventors have ever claimed that it is able to do."

Use of mental tests by rehabilitation service.—How are mental tests actually used in the rehabilitation service? An illustrative answer is found in the records of Minnesota, the story of which is set forth in a monograph by the Federal Board: "The initial case of this sort clearly proved the value of the test. It was that of a young man with a hand injury, who had a good pres-

¹⁵ Monograph No. 1, Federal Board for Vocational Education, p. 6.

¹³ Lewis M. Terman, The Intelligence of School Children, p. 269 seq.
¹⁴ C. A. Prosser and C. R. Allen, Vocational Education in a Democracy, p. 111.

ence and seemed intelligent. He had bookkeeping and office work in mind as a preference. He had not reached the eighth grade, but gave reasons which might have accounted for failure to do so.

"To resolve his doubts the director arranged to have the man given a complete examination. This disclosed a mentality too low for continuous bookwork and mental work. The man was accordingly trained in a manual line."

Experience of a vocational school.—Dean Herman Schneider of the University of Cincinnati has given a very interesting estimate of the usefulness of tests as a means of vocational guidance. He said: 16 "Next we tried intelligence tests; we found in this case, also, that they would not give us a quick and ready means of determining capabilities." By experiment, he says, no co-ordination was found between abilities and the tests and that while the tests would determine the amount of information which a man had, they would not determine the kind of job which he ought to have. In no wise does he discredit these tests but he adds significantly, "What I am saying merely is that psychologists have not as yet developed tests which can be used to determine jobs which persons disabled or otherwise are capable of doing, or ought to do."

Present use a limited one.—The citations given indicate a trend of opinion based upon facts showing the worth-whileness of the test movement in rehabilitation. It is safe to say, however, that so far mental tests have not become an instrument of general use to the rehabilitation service.

With the wide range of intelligence which, it has been demonstrated, exists in every occupational level, it would indeed be presumptuous for rehabilitation to make any decision regarding the allocation of disabled persons to a vocation on the basis of mental test scores alone. The best which can be done for the

¹⁶ Bulletin 93, Federal Board for Vocational Education, p. 60 seq.

present is to suggest what others in the field of vocational guidance have suggested regarding such tests, namely, that they may well be used to determine what vocations one should avoid. Terman ¹⁷ has postulated that very succinctly in the following words: "Nevertheless, intelligence tests will be of great value in vocational guidance, even if they tell us nothing more than that reasonable success in a given vocation is or is not compatible with the general mental ability which an individual possesses."

Trade tests.—Trade tests may also be classified as special ability tests. Scott and Clothier ¹⁸ define them "as an instrument for discovering present ability or present knowledge, ability or knowledge already acquired." They have no value in predicting what success a person may have in that trade for which he is being examined, is the implication.

In answer to the questions, "What is a trade test?" Scott and Clothier have again illuminated the field by the reply, "A trade test is a method of determining a man's present proficiency in a given line of work." Then they add by way of further explanation a set of requirements which such a test must fulfil, namely:

- 1. It must give a definite and reliable statement of the grade or skill possessed by the tradesman.
- 2. It must be so simple and standard that any intelligent man, knowing nothing of the trade itself, can use it satisfactorily after only a little special training.
- 3. It must be as short and easily given as is consistent with accurate results.

One other important feature of trade tests is the one which is common to all tests that become useful, namely that of stand-

¹⁷ Op. cit., p. 270.

¹⁹ Walter Dill Scott and Robert C. Clothier, *Personnel Management*, p. 283.

¹⁹ Ibid., p. 296.

ardization. Without this, these tests would mean but very little. Without it, the foreman or superinendent might just as well apply the usual hit-or-miss method which has been so common prior to the age of scientific management.

Predictive value of trade tests.—Prosser and Allen say very definitely ²⁰ that the object of a trade test "is to determine either whether he (the examinee) should be employed or where he can be used to the best advantage." They further elucidate the fact that such a test is economy of time and materials. As to effectiveness of such a test they declare it to be "a far more effective device than the present crude and ultimately costly plan followed by most employers, of hiring so-called tradesmen or experienced men on their own claims; or on written credentials carried by the applicant; or on the evidence furnished by references; or on the basis of a personal interview; or by snap judgment; or by the method of trial and error."

Such a declaration by persons so intimately acquainted with the vocational field will go a long way towards establishing the usefulness of trade tests as a means of vocational advisement. Indeed, it would seem that of all phases of the measurement movement that of trade tests offers most promise. Doubtless all who watch and guide others towards vocational usefulness will have much to hope for in the realm of trade tests.

Character analysis.—The ability to judge a client's character upon bodily appearance or upon specific items of physiognomy would without doubt be very valuable to social workers and others engaged in human reconstruction. In this work it is not the intention to take an arbitrary position about endeavors having possible scientific backgrounds with scattered or even doubtful evidence. It should be noted though that after a careful study Payne reaches the following conclusions opposed to character analysis: ²¹

²⁰ Op. cit., p. 118 seq.

A. F. Payne, Organization of Vocational Guidance, p. 14 seq.

- 1. There is no scientific justification through experiment which shows "cerebral localization for such general traits of character as self-esteem, acquisitiveness, etc." This should not be confused with that scientifically determined fact of "cerebral localization for certain sensory and motor centers."
- 2. There is no correlation between the volume, the shape, or the weight of the brain and the general traits of character emphasized by the character analyst.
- 3. It is a scientifically established fact that the conformation of the brain does not necessarily follow the conformation of the outside of the skull.
- 4. Neurologists present evidence that "the functional capacity of the brain depends upon . . . the quality of brain structure rather than upon mere mass, weight, size, or shape."
- 5. Claims of the character analyst are based upon limited and casual observation of exceptional cases and selected groups, by people who have not been trained in scientific methods of research.
- 6. Claims made by character analysts are not based upon objective evidence which may be tested and evaluated scientifically.
- 7. Physical stigmata alone are insufficient to determine "the presence or absence of specific traits or abilities."

One is sometimes tempted to say that such and such a person is a fool or a genius, a criminal or a "highbrow," but he may be mistaken and he may guess right. It is scarcely the province of the rehabilitation authority to say there is "absolutely nothing to it." He, too, may be mistaken. Payne's position, on the whole, is very sound when viewed from the standpoint of scientific evidence, but again, if such evidence in the future should prove or demonstrate facts to the contrary, then rehabilitation workers should be among the first to make use of such discoveries.

Self-analysis.—This form of guidance has been used to some extent. In the main it consists of a half dozen or more major

headings, of which the following may be suggestive: Inheritance, Education, Talent, Health and Physique, Mental and Moral Qualities, Social Efficiency and Vocational Experience. Under each heading, the examinee, if one may call himself such under the circumstances, answers several specific questions, fills in appropriate blanks or checks particular qualities suggested—all on the subjective plane, however.

Davis ²² suggests that such a form with other methods may prove helpful. Payne, on the other hand, ²³ says that "These methods are now gradually being discarded as being entirely too subjective." He credits Dr. Frank Parsons, the pioneer in the vocational guidance movement, as the one who developed the idea. It has been used to a considerable extent by the Y. M. C. A. It would seem in the face of the progress being made by the objective phases of the test movment that such forms would not give as satisfactory results as the latter.

Psycho-analysis.—Strange indeed it may seem that attention is called to such a field as psycho-analysis for possible assistance in rehabilitation. It is not possible here to give a proper evaluation of this much-discussed phase of scientific development. The divergent points of view will simply be indicated.

"In practice psycho-analysis is, in the main," says Drever,²⁴ "the employment of a well-known method of experimental psychology, the method of free association . . . to explore the tendencies, interests, and complexes of the person under investigation and treatment."

Quite a different viewpoint is that expressed by A. Wohlgemuth ²⁵ in a volume devoted to a rather thorough discussion of the subject and its implications. He views it as follows: "We see, then, that in psycho-analysis analysis has not the tech-

²² C. O. Davis, op. cit., p. 268.

²³ Op. cit., p. 70.

²⁴ Op. cit., p. 120.

²⁵ A. Wohlgemuth, A Critical Examination of Psycho-analysis, p. 49.

nical psychological meaning, does not mean analysis of mental processes of the mind or psyche. It means searching for so-called repressed ideas which are unconscious in the ordinary way, yet which influence or determine an individual's thought, speech, or action." Later he adds: "In competent scientific circles psychoanalysis has fallen absolutely flat."

The discussion, as presented above, has been for the illumination of viewpoints from both sides. Whether the field has been scientifically developed or not it behooves those interested in the work of human reconstruction to watch carefully any possible development that promises sound and sane application to the work. Whatever exists in any field of endeavor that may be used to advantage in the work of rehabilitation should be eagerly assimilated for use.

The try-out plan.—Another plan of advisement has been that generally spoken of as the try-out plan. The idea is quite as its name suggests, that of trying out an individual in any given course of training or even at a trade itself. Try-out courses in various junior high schools of the country are given to an extent that is well worth observation. While these courses may not be an exact counterpart of the things contemplated for disabled adults, they nevertheless offer some suggestion especially to those who are familiar with phases of public vocational education.

An example of the try-out plan as it affects disabled adults who are given vocational training is the one at the William Hood Dunwoody Industrial Institute at Minneapolis. The state of Minnesota frequently sends disabled men there to spend a week or even more going about from one department to another, following a definite schedule to ascertain by trial their fitness or unsuitability for the trades taught there. Before setting out on such a "round," however, the client is surveyed as to his history, interests and possibilities.

Try-out on the job itself is from every standpoint a very valuable means of ascertaining data that will enable rehabilitation officials to give sound advice to the disabled. It puts the disabled person at once upon his mettle. With a reasonable environment and with the usual labor conditions prevailing it is an eminently fair test of a disabled man's capacities. If for any reason he is unable to cope with the conditions that prevail in the short time suggested as a try-out, the chances are fairly good that it is not the trade for him. An expert foreman in a cigar factory can within a week's time determine whether or not the disabled man has fingers that are sufficiently pliable for the trade of cigarmaker. The watchmaker within two weeks' time or less can determine a man's suitability for the handling of the fine tools that are peculiar to that trade. The automobile mechanic can very shortly ascertain a man's mechanical aptitude so as to advise him whether or not to continue in that vocation.

Try-out is practical.—Several features of the try-out plan, in school, or in the commercial shop, are manifest. It is preeminently economical of time and resources. The beginner must obviously learn somewhere and at some time. Why not let him begin at a time and a place where conditions are favorable for beginning, such as would naturally exist in a try-out situation? Beginners always use material somewhat needlessly and perhaps wastefully. The try-out plan, under supervision, aims to have as little of such as possible. The same is true with time. The busy worker or foreman bent upon maximum production has little time for the novice or the apprentice.

"The best way to find whether you can or cannot make a success of any employment is to take instruction and training in it and see," are the words of Prosser and Allen 26 on this subject. To continue that thought, "In proportion as voca-

²⁶ Op cit., p. 130.

tional education is organized, an individual may try and see under favorable conditions, and, therefore, more quickly determine his fitness."

Dean Schneider's suggestions.—The try-out method is followed by Dean Schneider of the college of engineering, University of Cincinnati, and it is in a fair way toward becoming standardized and therefore more scientific through the application of certain principles that have been developed by experience. Dean Schneider states ²⁷ his practice as follows: "Every individual has certain particular characteristics, and every type of work requires certain particular characteristics. The problem then is to study the particular characteristics and devise a rational method to discover the characteristics (or talents) in individuals, to classify the types of jobs by the talents they require, and to get the man with certain talents into the type of job which requires those talents. This is a big problem, but one possible of measurable solution, or at worst possible of a solution immeasurably superior to haphazard methods.

"We have a number of general types of work out of which it is relatively easy to determine any individual's characteristics. A list of these may be stated roughly as follows: physical strength, physical weakness; mental, manual; settled, roving; indoor, outdoor; directive, dependent; original (creative), imitative; small scope, large scope; adaptable, self-centered; deliberate, impulsive; music sense; color sense; manual accuracy, manual inaccuracy; mental accuracy (logic), mental inaccuracy; concentration (mental focus), diffusion; rapid mental co-ordination, slow mental co-ordination; dynamic, static.

"I have in mind a number of our students who were utter failures at all kinds of work requiring manual dexterity, but who maintained uniformly good grades in all their school work. Their efficiency was all head efficiency. There have been a number also who were hopeless in all their university work, but

²⁷ Bulletin 93, Federal Board for Vocational Education, p. 61.

whose hands acquired skill easily. Their efficiency was all hand efficiency."

He adds that when a student fails on a job he probably has the opposite characteristics and would succeed on a job which has the opposite characteristics. Ninety-five per cent of his second placements over a period of 18 years, he says, have been successful. He also notes that if a man fatigues easily on a particular job, it may be taken as an indication that he is on the wrong job.

Comparative value of different methods.—No one, surely, would suggest that vocational advisement be confined to any one of the methods described above. Nor would anyone say, "Take any two of them as your guide." Probably there is no rule to follow. The chief floor-walker in a city department store was asked by a customer who saw him "O. K." a personal check, "How do you do it?" He replied with a knowing smile, "I have no rule to go by. I size up a person as quickly as possible and decide what to do." His reply was characteristic of that frequently given by rehabilitation workers. They are constantly "sizing up" those who come before them for guidance, training or placement. Anyone or all of the above methods of guidance may contribute to the final direction to which a disabled person will at last be referred. There is no one method which may be fitted to a group.

"One day a brisk employer breezed into the office and said he wanted to know all about rehabilitation in two or three minutes," relates Miss McCoy.28 "He would like me to reply in only a few words. 'I will give you a hypothetical case,' he said. 'Suppose a young fellow of 22 lost his right hand. What job would you train him for?" Far from being the garrulous female he feared, I was speechless. It is as foolish to expect all one-handed men to be alike as to imagine the same job would suit all blue-eyed ones." Indeed such is the problem of advise-

²⁸ Bulletin 93, Federal Board for Vocational Education, p. 30.

ment in rehabilitation, even with many sources from which one may draw.

Getting the advice accepted.—Practically all of the discussion of advisement has been directed to methods of arriving at the right plan for the client. It is just as important, however, to get the plan accepted. Some observations along this line by Karl de Schweinitz are very pertinent. People are hardly ever, he thinks, convinced by argument. When a client has positive opinions it is better to wait, he believes, until more opportunity for thought or the logic of events convinces him. concludes: 29 "The more one works with people the more one realizes that the way of freedom is the only sure road to suc-The plan that carries through is the plan that is a man's Suggest it to him, perhaps, but only as a thought for him to digest and to make a part of himself. Offer him the stimulation that comes from a meeting of the minds, from the action and reaction of ideas, from the thinking out aloud with some one who understands; edit, perhaps criticize, but let the authorship remain with him. It is both his right and the way of his salvation."

QUESTIONS

- 1. Of what value is guidance without "follow-up"?
- 2. What is the significance of the statement quoted from Miss Richmond, "The counselor dealt with symptoms only"?
- 3. What are possibilities of the future as regards the choice of vocations through mental tests?
- 4. Why would the try-out plan make a ready appeal to an employer considering the admission of a disabled person into his employ?
- 5. Why is guidance or advisement so often a purely perfunctory proceeding, when, as observed in the text, it has so many possibilities of value?

²⁰ Karl de Schweinitz, The Art of Helping People out of Trouble, p. 154.

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CHAPTER XII

VOCATIONAL TRAINING—INSTITUTIONAL TYPES

It was shown in Chapter X that the case method was the one which produced the best results in civilian rehabilitation. In that discussion it was clear that the entire plan of approach and of contact was on an individual basis. It was pointed out, as may be recalled, that there were ample reasons both from present and past procedure in education that such approach was the eminently logical one in view of the peculiar ramifications which obtain in this work.

Approach must be individual.—Following, therefore, the principle set down in that chapter that on the whole the individual treatment of rehabilitation is the usual and the logical one, it is but mere reiteration to state that, from the standpoint of vocational training, which is but a phase of rehabilitation, the approach is likewise an individual one. Even though it is found necessary from time to time, even frequently, to put the disabled persons in a group where obviously much mass instruction is given, it is still clear to those who are watching him that his situation is one, after all, of individual attention from the time he enters up to that time when he is finally discharged because of having completed a course. All the way he has been observed not as a mere cog in the machinery—and yet there is no denying the fact that he must learn at the same time to co-operate—but as a distinct individual with an individual's problem and outlook which demand careful and detailed consideration by those who are watching and guiding him.

The young man with a badly crippled hand who came in from

a small town to take an intensive course in a metropolitan business college was admitted to the classes of that institution. As will be shown later, the instruction given in a school of that sort has many individual aspects. He found the kind of instruction rightly suited to his situation. He was a graduate of his community high school where of course he had been subjected to mass instruction. He naturally fitted into the mass arrangements of the business school, but his contacts, in a large measure, were individual, due in part to the system and in part to the arrangement effected whereby he would be subject to careful scrutiny by principal, instructors, the rehabilitation agent or anyone who might be called upon to confer with him regarding his situation. His instructor kept in close touch with him in regard to progress; the principal watched his attendance, his attitude and his study habits; the rehabilitation agent made frequent visits; while all three were concerned in the reports sent to the rehabilitation agency bearing upon his scholastic progress.

At no time was he ever permitted to lose sight of the fact that he was an individual to whom was extended the opportunity of making good both in the present and in the future. His identity was not lost in mass instruction only to reappear at the instance of group instruction requirements. His problem of adjustment to his training was genuinely individual. His progress in stenography, while still a member of a class doing such work, was individual. When he had completed a unit or several units, he was advanced to the next higher one regardless of the progress of his fellows. The same was true of his typewriting, his accounts and his penmanship.

And so it might be said of him who entered a shop on a semiapprentice basis. It was not as a member of a group but as one who came in to develop a project, to see it through to a finish, to be observed, helped and guided along the way, but always as an individual. No less true is it to him who came into training by the means of an effective correspondence course. Surely here is a practical illustration of the individual method. Every bit of progress depends wholly upon the person's initiative and effort for each and every step, having no relation whatever to anyone else except him who assists in planning the course, gives him instructions and finally corrects his papers in view of a purely individual effort. So it is clear that on the whole the matter of vocational training wherever it is rendered, even though a part of a mass scheme of instruction, is for the rehabilitants a matter of individual adjustment and instruction.

Occasions for formation of classes.—Disabled persons present themselves for rehabilitation at different times. They represent a wide variety of localities, of ages, and of handicaps. They secure, or ought to secure, readjustment in a fairly broad range of occupations. The instances, therefore, when it will be possible to organize a group of them into a class, even a very small class, will be very rare. The occasion will come about usually when there are a number to be rehabilitated having the same handicap and taking the same vocational or re-adaptational course. In a large tuberculosis sanatorium, for example, there may be a fair number who ought to be retrained in commercial occupations and who can be formed into a class. Or in readjusting the hard-of-hearing there may be several clients on hand at one time who can be placed in a class in lip-reading in order to render them vocationally competent. The purpose of organizing a class will as a rule be to keep tuition down. Since the classes are small there is no danger of losing the benefit of the individual attention that is so necessary for the handicapped.

Aspects of Vocational Education.—If one has a fairly clear notion as to the meaning of vocation there can scarcely be much doubt as to the conception of the phrase "vocational training." It is worth while to note here a statement by Snedden: 1

¹ David Snedden, Educational Sociology, p. 381.

"In the modern city we can readily distinguish several hundred vocations—in fact, so far have we proceeded in specialization that it is possible to enumerate more than two thousand distinct callings in the state of New York. The United States 'Occupation Census' for 1910 contained more than one hundred and fifty captions, or occupational headings. But many of these—e.g., farmers, clerks, teachers, fishermen, workers in lumber industries, iron and steel mill workers, shoe-factory workers and traveling salesmen—were not subdivided, notwithstanding that in actual practice each of these groups embraces many workers of very distinctive vocations."

Broad and narrow uses.—Then when one comes to a consideration of that procedure which will fit him for the vocation, whatever it may be, there are other aspects of the problem. Prosser and Allen 2 call attention to a broad and narrow use of the term "vocational education." The former they describe as "that part of the experiences of any individual whereby he learns successfully to carry on any gainful occupation." They go on to explain that this includes both the "unorganized and the organized methods of securing confidence and proficiency." An instance of the unorganized method prevails when a boy becomes a plumber through the chance or haphazard method of vocational training. The organized plan, obviously then, is the one which he would pursue were he to learn his trade as an apprentice "under the skilled direction of competent plumbers; that, in short, he has been assisted in all the various ways by which competent instructors can assist a learner." That, in brief, is the substance of the statements by Prosser and Allen designating the use of the term "vocational education."

"Fundamentally," says Snedden, "American workers have had three different kinds of vocational education: in schools;

²C. A. Prosser and C. R. Allen, Vocational Education in a Democracy, p. 4 seq.

Snedden, op. cit., p. 376 seq.

through apprenticeship; and by 'pick-up' methods." He goes on to state that perhaps 5 to 6% of America's sixty million adult workers were trained with some degree of proficiency for their particular callings in vocational schools. This includes professional people to a large extent, among whom are teachers. "Organized and standardized apprenticeship" has given, he says, from 5 to 7% of our workers. However, that immense army of laborers, engaged in both physical and sometimes intellectual pursuits constituting "90% of all American adult workers are the products of 'pick-up' vocational education." Continuing. Snedden says, "This includes all our farmers, home-makers, store clerks, sailors, factory hands, miners, and actors. It includes large proportions of our teachers, carpenters, and business men." The expressions "self-made," "trial-and-error," and "pick-up" follow closely upon the heels of one another in the discussion following, giving clear suggestion of character to that roughand-ready civilization which was created and carried on by this kind of training.

Other classifications.—Vocational education may also be approached from the angle of other forms of education, says Snedden,⁴ differentiating it, therefore, from activities designed to promote physical well-being, to improve moral and civic behavior and to some extent the cultural acquisitions of man. In that respect he says vocational education may be defined "as embracing all forms of control, suggestion, instruction, and training designed to produce competency in some form of productive work."

"Vocational education," says Payne, "is not something new. It is not narrow; its field is not limited. It is made up of three elements: 1. skill in handling tools, materials, and processes; 2. related knowledge, i.e., the science, mathematics, drawing, etc., of the trade of which the skills are a part; 3. an under-

⁴ Op. cit., p. 383.

⁵ A. F. Payne, Administration of Vocational Education, p. 8.

standing of its social and economic relationships. This, then, merely amounts to socialized education. It is purposeful education." Later Payne describes the term vocational education as a generic one and adds a comprehensive classification of the field used by the U. S. Bureau of the Census which shows the following types of vocational education: industrial, agricultural, commercial (semi-professional type), vocational home-making, commercial (clerical), transportation, professional, mining, and public service.

This lengthy statement of vocational education has been thought vital because of its relation to the larger problem under consideration, that of reconstructing disabled persons.

Types of schools available.—Vocational schools have been classified in various ways. Payne 6 after speaking of public vocational schools notes that many good vocational schools are under private control. He then classifies private vocational schools as follows:

- 1. Endowed Institutes of which Bradley Polytechnic Institute at Peoria, Illinois, and Dunwoody Industrial Institute at Minneapolis, Minnesota, are examples.
- 2. Endowed Trade Schools, of which the David Rankin, Jr., School of Mechanical Trades, St. Louis, Missouri, and The Baron de Hirsch Trade School, New York City, are illustrative.
- 3. Supported organizations such as classes maintained by the Young Men's Christian Association and similar bodies.
 - 4. Private Profit Schools.

There is another classification of vocational schools that throws much light upon the problem. Prosser and Allen ⁷ point out that there are "two distinct groups whose needs must be considered: First, the group who have not yet entered into the employment for which they desire training. Second, the group who have already entered into employment and who wish fur-

⁶ *Ibid.*, p. 134.

⁷ Prosser and Allen, op. cit., p. 222.

ther training either to improve themselves in their present position or to secure promotion. From the standpoint of organization, these two groups are in general served respectively by the full-time day school and by some type of extension school. Each of these two fundamental kinds of schools has been developed in a number of ways to meet special situations."

The full-time day school is indicated as one which gives a complete or partial training for a gainful occupation. They point out that this school, of course, parallels the high school and gives what is known as a "split program." "But," they add, "so do all privately endowed vocational schools." Such a program contemplates a partly vocational program and a partly civic program, with the major emphasis upon the former.

Co-operative and non-co-operative types.—The co-operative type of school is "based upon the proposition that the shop experiences of the students should be obtained in the occupation for which they are trained, and that the other parts of the program should be given in the school." This is therefore the plan of alternation usually on a "fifty-fifty" basis.

The non-co-operative type of school operates "its own shops where production can be made subsidiary to training." There is, however, "an alternation between shop and classroom plan."

Extension schools.—Extension schools are discussed next under the heads, part-time, evening and dull season schools. Part-time schools owe their designation to the fact that the students, usually in the 14 to 18 age group, "spend part of their time at work and part of their time at school." Young people in juvenile occupations attend sometimes "part-time schools giving general preparation for any or all needed phases of social adjustment." They are accordingly known as general part-time schools, though sometimes rather incorrectly classified as continuation schools.

The second type of part-time schools is the trade extension type giving education to "young people still within the full-time school age group who desire further training to equip themselves better for the job they hold, or for promotion to a better job in the same line." Effective illustrations are given showing salesmanship classes for clerks in department stores and special agricultural classes which are maintained for farm boys.

The evening extension type of school is intended for that group "whose maturity places them beyond and outside of the group served by the continuation school and the part-time trade extension school." With so large a portion of the disabled among adults it follows quite naturally that this type of school would be of interest to rehabilitation workers.

Dull season type schools are active, as their name implies, when employment in certain fields is dull. In reality, they are part-time extension classes held for the various building trades. Opportunity schools are best described in the words of Prosser and Allen as giving "anybody the special vocational training that he desires; to give it when he wants it; and to make the conditions such that he can get it. If the individual can come for all-day instruction, well and good; if only during intervals of employment, arrangements are made to accommodate him; if only in the evening for a few hours once or twice a week or for any number of nights per week, the needed help is provided."

Use of public vocational schools.—From the standpoint of sound public policy, public vocational schools offer a highly desirable vehicle for training the disabled. If for no other reason than that public vocational schools are just as designated, they would be desirable. The public is pleased to know of those institutions which it supports through its taxes, and for that reason it takes pride in the fact that its money is being expended for genuinely worthy purposes.

Public vocational schools are open to residents of the community. Inasmuch as such is true, its students do not therefore pay tuition. A desirable person who is a resident of that

community may be enrolled on the same basis as any other student. If there is a tuition charge, the state would pay it in behalf of the disabled person.

Public vocational schools have usually a cosmopolitan and heterogeneous group of students. They can scarcely be set down as a selective agency. It is true, perhaps, that they may not represent all walks of life, but they surely do represent the workers of the nation. However, the disabled person very often is an adult, and as such he is rather far removed from school days and school ways. He may find himself in a rather large group of active, vigorous, impatient young people who neither know his kind nor sympathize with it, to say nothing about a thought of him. The question may be very properly raised as to whether or not, under such circumstances, he is in the right place. True enough, he may find himself in a small group of careful industrious workers, but should he not do so, it could scarcely be a reflection upon the public school, since it must take all those who come and do the best it can for them.

The question also may arise in regard to equipment and courses. Too often the public school is the subject of a mistaken program of economy which means the curtailing very frequently of both equipment and the number and kind of courses offered as well. While these apparent objections should not be overlooked, they are not insurmountable from the public school standpoint. Even so, the public vocational school has its possibilities for the work of rehabilitation.

Private vocational schools.—Schools of this type have a service to offer to the rehabilitation work which should be genuinely appreciated. The very fact that such schools have a freedom in initiative which public schools cannot have would explain such service readily. Public schools are necessarily linked up in a system that cannot permit of the freedom necessary to undertake certain experiments in this and other fields. The

private vocational school is a free and individual unit which looks for development to the governing board through its executive and that is sufficient for its purposes. The public school desiring to proceed in the field of experiment may need to keep in mind other units of the same system, to make no mention of the influence of that factor known as public opinion which some regard as the informal expression of its financial supporters.

Private schools are tuition schools, though sometimes their charges are very nominal. Even so, tuition usually makes for selection of students. Perhaps it is not always noticeably high, but it exists nevertheless. A selected student body as compared with a very general and unselected one in few if any respects is more desirable for rehabilitation wards. It is true these persons need contact with the masses. They are of them and belong to them. But the very fact that they are more mature means that the adjustment to a group will be more easily made with the private school group.

One factor recurs frequently in the work of rehabilitation. It has been suggested previously. It will be discussed later. It is that of supervision, a very necessary procedure. Private schools for reasons stated above and the fact that they are ready to do for special groups what others find it difficult to do, are open to this very necessary feature of supervising the training of disabled persons. It is an advantage which, if it were the only one as well, makes the private vocational school stand as a truly effective agent in the training of the disabled.

Specialized trade schools.—Specialized trade schools offer superior advantages for training disabled persons. In the first place their courses are so elastic and so easily adaptable to the needs of the individual that the rehabilitation agent has come to look upon them with much favor. As has been suggested before, the need of individual instruction is so very great in

rehabilitation that any agency which offers advantages of unusual merit in that respect will receive most favorable attention from rehabilitation workers.

"What is a trade?" is a question that may readily come to one's mind in this connection. A ready answer may be found in a chapter of a fairly recent book by Link in which he states: 8 "A trade may be regarded as an occupation involving manual skill such as can be acquired only after two or more years' apprenticeship or training. Such vocations as that of the pattern-maker, tool-maker, gauge-maker, carpenter, cabinet-maker, etc., are definite examples of trades. There are, however, many occupations which can be learned only after an apprenticeship of three or more years which are not trades in the sense that they can be systematically taught. An expert calender man in a rubber mill requires from two to six years' experience before he can take charge of a calender, and yet we do not call his occupation a trade, nor is it possible to describe the essential points of calendering in such a way that they can be systematically taught. From an educational viewpoint, therefore, we should probably define a trade as an occupation characterized by a body of knowledge and a collection of practices which can be formulated with a fair degree of definiteness into a course from two to four years in length."

Trade schools, because of their small and selected numbers, offer advantages previously stated in this chapter. Their courses are also specific and definite with few if any "frills." They strike out boldly and clearly toward a goal and when they have "arrived" the conscientious worker, at least, knows that definite results have been achieved. Note the practical aims and definite instruction possible in schools which teach watchmaking, automobile mechanics, electric trades, sign-painting, engraving and printing. There are many others, but these suffice to make clear the point made.

^{*}Henry C. Link, Education and Industry, p. 145.

In some of these trade schools, courses are short, leading to placement in the trade quite soon, even though the wage may be small in the initial stages. That is often an incentive to one who is doubtful about the longer courses and terms necessitated in general vocational schools, both public and private. Brief courses do not by any means suggest inefficient or superficial treatment of the work. Generally, in well-established institutions, it means close, hard, intensive training. The objective is clear and the worker is in earnest.

Value of the Short Unit Course.—It is not always possible to provide a long course of training for the disabled person. In fact, sometimes it is wholly inadvisable, even out of the question. He may be employed and therefore unable to attend a long course such as might be contemplated in a day school. Then, an institution would be desirable which would offer a course of training subdivided, not into time units, but accomplishment units which when completed would show him at a definite stage on his journey towards vocational fitness. Prosser and Allen have stated the case so clearly that it is well to quote here.9 "In machine shop work there may be one unit in bench work, a second on the drill press, another on the engine lathe, another on the milling machine and still others on processes with other tools and machines. For sheep raising, unit courses might deal with breeding, feeding, diseases, housing and protection. In garment making, one unit might deal with kimonos, one with underwear, and another with house dresses."

Then they describe its usefulness in the evening school where the course may range in length from eight to sixty hours. In the day school, they assert, its value is evident in the definite demarcations which permit of taking a unit, then going out to work, returning after a time to take the next one and so on. This practice may run the training out to some length, but in some rehabilitation cases that is scarcely a disadvantage.

Prosser and Allen, op. cit., p. 273.

In fact, there are instances where such procedure would be entirely advantageous.

Business colleges.—These institutions are so numerous in our cities as to be confusing when the time comes to make a choice among them for suitable courses to be given a disabled person. Because of their numbers and availability, a rehabilitation worker may be tempted sometimes to suggest training in one of them when perhaps he ought to wait so as to give the matter more careful thought. Valuable as some of these institutions are in furnishing practical courses that result in suitable placement, their work and standards ought to be evaluated somewhat before recommending the disabled to them for training. The Cyclopedia of Education has put their case rather clearly as follows: 10 "Students who are graduated from these schools usually have sufficient mastery of the tools to enable them to earn a livelihood immediately. Many of them have attained high positions in the business world. The competition between the schools in large cities has been keen enough to raise the standards of instruction very decidedly, and the best of them now give a thorough and practical training in commercial subjects a better training, indeed, than is given by the majority of public high schools along these lines. In addition, the worst evils of charlatanism have been eliminated."

That they are effective in their instruction may be easily seen from the fact that graduates of the best schools are generally in demand. Frequently their instruction staffs contain teachers who are trained particularly well for the positions which they occupy. A number of them have come from the public school field and they have, therefore, a background of experience and training that is valuable for the work.

Courses of instruction are very much the same in all institutions, although one frequently finds that some schools stress

¹⁰ Joseph F. Johnson, "The Private Commercial School," Vol. V, p. 145 seq.

one phase of training through some subject matter, while others give emphasis to a different sort. For example, one institution will stress accounts, another typewriting and stenography with a view to high grade secretarial work, while still a third will emphasize office practice and so on.

Adjustability of commercial courses.—One feature of particular interest to rehabilitation workers is the adjustability of the schools as regards courses and the entrance of trainees at practically any time during their school year. All schools are not equally open to this practice, however. John A. Kratz, Chief of the Civilian Rehabilitation Division of the Federal Board, has commented upon this feature as follows: 11 "In such schools trainees may be entered at any time, and classes are so organized that adults who have had little schooling or who have not attended school for a long period of years, do not find themselves in uncomfortable or embarrassing conditions. To a considerable extent the instruction is made individual, and it is not at all difficult to have special courses of training organized for a particular student. Such flexibility of training arrangements makes the private business school not only very popular, but actually a necessity in commercial vocational rehabilitation."

Professional courses.—Professional training contemplates or at least involves rather long periods of time. One element that has become increasingly important in rehabilitation of the disabled, because of public policy, is time. In most cases this is so important that the rehabilitation worker is reluctant to advise a vocation for which preparation involves considerable time. It is not, perhaps, that he may doubt the client's ability, yet the chances of success may be projected so far into the future that he hesitates on that account. It may be that future conceptions of the rehabilitation movement may modify this idea somewhat, but for the present, at any rate, it exists.

^a John A. Kratz, "Commercial Training in the Vocational Rehabilitation of the Civilian Disabled," *Vocational Education*, May, 1924, p. 728.

True it is that some of the disabled have been found who have profited by professional courses and who have continued through to the completion of the course, but they are few in number. Then there is the possibility that future studies may show the rehabilitation worker that the proportion of disabled persons who can qualify for the professions is so small as compared with that vast army seeking training in the trades or forms of business that it is perhaps unnecessary to give this phase of training more than casual attention. At all events, the number of disabled persons who have been rehabilitated and returned to vocational efficiency through the professions of law, medicine, dentistry, the ministry and engineering is so very small as to merit but scant consideration at this point. At least, the number has been so insignificant that generalizations are quite out of place until the work has accumulated more data by virtue of additional years of activity.

University and college courses.—In so far as courses of collegiate grade contribute directly towards attainment of a vocational objective they are legitimate in a program of vocational training for the disabled. Thus, a liberal arts curriculum having as a part of its program definite courses in education which would lead to the ultimate issuance of a teacher's certificate would be regarded as qualifying under this category. A four-year college course having a combination of liberal arts and those vocational subjects which together constitute a basic training for business or commercial endeavors would likewise be a proper interpretation of the principle stated. In a similar manner university courses preparing one for a musical career, for executive or other high-grade positions in mining, engineering, chemistry or agriculture would be appropriate. These are but illustrations.

The same principle applies in these courses, however, as in the more strictly professional courses mentioned in the preceding section, namely, that the course of shorter duration is the one which rehabilitation bureaus should approve. The objective is clearer at the end of the sophomore year in college than it is at the beginning of the freshman year; hence the tendency would be to approve the program of one who saw before him the junior and seniors years of college training which had in them a liberal sprinkling of electives and definite vocational subjects. It may be said, however, that vocational courses in the liberal arts colleges have not yet been fairly evaluated for the purposes of vocational rehabilitation.

The co-ordinator.—A great deal of the rehabilitation agent's work falls within the scope of the term "co-ordinator" as it is customarily used in vocational education. However, it has come in practice to be used in a special sense to denote the function of the agent who is assigned as the special staff member to have charge of all relations with a particular school or training agency. Ordinarily under the case plan of work, a staff member keeps charge of a case from the first contact until the closure. The difficulty soon arises that a training agency which has a considerable number of trainees will find itself dealing with several agents of the state service. Misunderstandings and duplication of activities are likely to result. To avoid this situation some of the state services have resorted to the plan of designating some one member of the staff as co-ordinator for each training agency. All cases at the particular training agency are transferred to the co-ordinator and from that time on he takes care of the supervision, settles the personal problems, and co-operates with the actual instructors. The plan has many points of superiority over the unmodified case plan.

Adaptations in attitude of the instructor.—"During the war I had the pleasure of hearing an address by a distinguished director of a training school for occupational therapy," 12 says Miss Helen McCoy of the New York Rehabilitation Bureau. She

¹² Bulletin 93, Federal Board for Vocational Education, Civilian Vocational Rehabilitation Series 8, p. 38 seq.

goes on to relate the director's plans for training girls to teach sick and wounded soldiers bedside occupations. Not only were the girls taught the technique of weaving, basketry, toy making and beadwork, etc., but they practised putting themselves as much as possible in the identical positions in which these soldiers found themselves while doing these tasks. For instance, to continue in Miss McCoy's words, "They had to make a basket with the right arm in a sling, and weave a scarf on a hand loom while lying flat on the back, and knit a muffler with several fingers tied up."

Now, it may be rather much to expect an instructor in a vocational school to do tasks comparable in any degree to those described by Miss McCoy. But it is not too much to expect an instructor to be sympathetic, to be ready to do that sort of thing if occasion demanded it. True enough, probably most rehabilitation cases would not present physical disabilities of the serious character demanding unusual tactics that to some might suggest the bizarre.

Not that these people should be approached with any suggestion of maudlin sympathy. What they desire is some understanding of their plight, if it is possible for others to do that. The principal of a business college is known to the workers in one city because of his particularly keen appreciation of the attitude, the "set" (or whatever one chooses to call it) of the disabled who are sent to him for instruction. In no wise does this principal "temper the wind to the shorn lamb," yet he makes unusual effort to suit the instruction according to the needs of the person before him.

Resuming Miss McCoy's narrative, one finds that this director trained and tested his young people still further by pretending that he was "a grouchy, uninterested, disillusioned soldier who loathed the very thought of baskets, and they must try to persuade him to undertake the work." And as though that

were not enough of "atmosphere," Miss McCoy continues, "If I were training rehabilitation agents I should use that therapy director's methods and for the first exercise I should say, 'Register putting rehabilitation across to a Lithuanian iron molder with nine children, no education, a sacroiliac strain, no knowledge of English, an income of \$20 a week instead of \$56, and a permanent fury at the whole United States."

Instructors profit by contacts.—There are times when the disabled themselves suggest things which help the instructor very materially in this matter of adaptation. "A young man with a badly deformed hand came to the M--- Vocational School last year to learn automotive electricity," said Mrs. M. R. Tippet of Wisconsin in an address before the National Civilian Rehabilitation Conference at Cleveland. "He accomplished the seemingly impossible and has been steadily employed since in his home city in northern Wisconsin. The other day a lad similarly disabled came to the school to learn the same trade. When we showed the instructor the difficulty with which the hand functioned and asked whether it would bar him from automotive electricity, he said, 'A year ago I would have said "yes," but I thought that of J—— a year ago and he taught me differerently. They show me now.' You all will agree that we have learned a lot from the disabled themselves, and we have developed an open-mindedness on their limitations as did this instructor." After all, is it not true that adaptation of the sort described is a quality inherent in sound teaching?

Institutions specially organized for the disabled.—Except for the state institutions which give education to special types of the handicapped such as the blind and the deaf, practically the only instance of a training school organized especially for the civilian disabled is the Institute for the Crippled and Disabled in New York. Its activities are not confined to the training field, although this is a very important part of its work.

The institute gives training ¹³ in mechanical drawing, monotype operating, motion picture projection, oxy-acetylene welding, jewelry-making, typewriter repair, nickel-plating, enameling and telephone switchboard operating.

In contrasting the Institute's work with employment training, Dr. Faries gives reasons ¹⁴ which also explain its advantages over other vocational schools. "Cripples who find travel on the street cars during the rush hours almost terrifying at first must be given some leeway in the matter of arrival and departure. Those needing to attend clinics for treatment must be accommodated; those who can work only part of a day, either from lack of physical endurance or to assist in their maintenance by part-time work, must have special consideration. . . . And furthermore, it is often discouraging for a handicapped worker to initiate his training alongside a normal person, but where he works with other handicapped persons his pride will lead him to minimize his disability and strive to excel in his work."

In so large a population center as New York it is obvious there would be disabled persons in enough numbers to warrant a special school and to make instruction in this manner practicable. Whether the same would be true in some of the other cities is not clear. The danger if there is not a large clientage to be served would be that the vocations taught in the special school might be chosen just because they are the ones most available rather than because they are really suited to the individuals. The special school or institute is necessarily limited in the range of vocations which it can teach. Then, too, there is something to be said in favor of handicapped persons taking their training alongside normal persons so that they can become the better adjusted to the normal economic world. It

¹³ John Culbert Faries, Three Years of Work for Handicapped Men, p. 27.

¹⁴ Ibid., p. 43.

would appear, therefore, that each of the systems has its advantages.

Vocational training for crippled children.—The considerations just noted apply as well to vocational training for crippled children. There has been a marked tendency to develop the special classes and special schools for crippled children in the public system on the distinctly vocational side. In so far as the movement aims to give vocational training to crippled children under conditions favorable to them, it is following a proper ideal. It should adopt every safeguard, however, that the range of choice of vocations is not narrowed. One way of doing this is to effect correlation with the state rehabilitation service so that vocational guidance will be given to the children from the background of the state's very broad experience. All who have talents or aptitudes which should be developed elsewhere can then be given care by the state service, and the others can be trained in such vocations as can best be taught in the special school. In this way the best possibilities of each child will receive attention, and the risk of overcrowding a few occupations with disabled persons will be avoided.

QUESTIONS

- 1. How significant is the statement that vocational training is for rehabilitants a matter of individual adjustment and instruction?
- 2. To what degree do the various opinions regarding vocational education which are expressed in this chapter represent fundamental differences in attitude?
- 3. Contrast the public vocational schools with the private schools as a means of training in rehabilitation plans.
- 4. Specify several clear advantages of the trade school for this type of training.
- 5. What peculiar advantage for the disabled person is evident in the short unit course?
- 6. The text illustrates the point that an instructor should adapt his attitude to the needs of the disabled person. To what extent is this a new principle of instruction?

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CHAPTER XIII

VOCATIONAL TRAINING-OTHER TYPES

"Employment training for an individual," says John A. Kratz, Chief of the Rehabilitation Division of the Federal Board for Vocational Education, "is an arrangement by which he acquires on the job, under guidance, the necessary knowledge and skill to perform a specific task; and it includes a specially arranged program involving training not usually given as a condition of employment." Then he elucidates with the statement, "anything short of this definition is considered mere placement in so far as technical rehabilitation is concerned." He also explains that there are programs of training or employment training for which rehabilitation services are not responsible, e.g., the training given by telephone companies to their exchange operators. He then makes the distinction between employment and placement training by the illustration that if a disabled girl were placed in such training (as the telephone exchange school) it would be considered as placement training.

Features of employment training.—"Job training," "training on the job" and "placement training" are terms used frequently in the same discussion with "employment training." In reality there is no practical difference in these terms, as they all involve two principal conditions:

- 1. Instruction (aim, plan of skills to be imparted and an instructor).
- 2. Employment (employer to employee relationship, whether wages are paid or not).

¹ Vocational Education, Vol. II, No. 9, p. 727 seq.

Certain dangers are apparent in any plan of employment training. One is the fact that it is difficult to find competent workmen who can pass on this skill to others. Indeed, it is patent to teachers that knowledge in itself (in this case skill) is not a guarantee that its possessor will be able to pass on the torch that guides. In fact there are those having an abundance of skill and knowledge who are miserable teachers. By the same token one may find those with less knowledge and skill who can engage in teaching tolerably well. The danger is not without its safeguards, however. Usually a skilled person may recognize his pedogogical shortcomings and is modest enough to admit it. If he does not, some one else probably will proclaim the fact and take steps accordingly.

"There is a danger also that the trainee may not be given an all-around training. Employment training is generally specific for the given job objective, but it may not, unless carefully planned out, be graduated and adapted to the trainee's capacity for profiting by it." This danger is serious enough to warrant careful oversight and supervision on the part of those who are assigned to specific case work in the field of rehabilitation. It can be overcome very frequently by tactful approach and procedure, as very often such conditions arise and grow rather unintentionally.

Advantages of employment training.—On the side of advantages for this method there is abundant argument. It is as noted by the Federal bulletin quoted above "the best method of acquiring added manipulative skill." One of the pressing problems of rehabilitation is that of returning disabled persons to work just as soon as possible. There is an encouraging situation for a disabled person when he is placed again before a real job, even though it may not immediately bring him much of a wage. The fact that wages are in store for him and not

² Bulletin 70, Federal Board for Vocational Education, Industrial Rehabilitation Series 3, p. 30.

far away through the doing of this very job which is in front of him is worth much. Through the skill which he develops daily at this bench, machine or vehicle, he will shortly be earning, if not the same wage as formerly, then at least a wage that is practically self-sustaining. At all events, to some it will mean much in that it is a self-respecting wage and job.

"Contact with employment conditions may be maintained," continues the Federal Bulletin, "even when it is found necessary to introduce institutional training by introducing it on a part-time basis, or at least with employment conditions outside the actual time devoted to institutional training." There are times when it is not easy to find employment training opportunities, when it will be necessary to accept such a part-time arrangement. In fact, the agent will do well, sometimes, if he is able to secure even such an arrangement.

A further advantage as stated by the same bulletin is that "employment training gives the man training under actual working conditions and in an environment with which he must be familiar in order to succeed in employment." The first disabled person visited by one rehabilitation agent was a young man who had a disability of the back which greatly impeded walking. To that uninitiated agent, of course, the outlook was not a hopeful one. It was a real case, to be sure. Fortunately, a fellow-worker in the field later found an opening for this young man in a cigar factory. Subsequent visits to the factory brought the news that the young man was not only doing well as a cigarmaker through this employment training proposition, but that he also was improving physically. Doubtless morale had gone up with his economic surplus, which the foreman said he was accumulating. To-day he is a creditable example of what the rehabilitation service can do and is doing constantly with no ostentation. This young man could not possibly have gained this technique in any other manner than that described.

Training merges into employment.—"This type of training is

especially advantageous," continues the Federal Bulletin, "in that it naturally merges into employment, because the conditions under which it is arranged usually presuppose employment of the trainee by the concern giving the training." In so far as a job is not the objective in the place of training, but elsewhere, to that extent is the place of training a vocational school, even though it may not designate itself as such. A certain firm, known to the writers, is engaged in the business of jewelry and watch-repairing. This company also maintains a training shop for watch-repair men who "work" upon material furnished them by the "trade." Trainees come to this establishment on their resources, paying tuition or under contract by the rehabilitation service. In two instances only have men trained in this shop been retained by the proprietor. In the case of these two it amounted to employment training, although to all intents and purposes it was school training. A competent watch-repair man took a young man into his employ to teach him the trade. In due time, after contacts with the rehabilitation agency had been closed, the young man remained as a full-time employee, fully rehabilitated. Placement training or employment training contemplates eventual placement in the place of training.

Supervision highly important.—One phase of employment training must not be overlooked—the supervision. For that matter supervision is decidedly essential in many phases of rehabilitation, noted previously and farther on as well. Rehabilitation workers of the southern region gathered at Signal Mountain, Tennessee, in June, 1925, emphasized this particularly. Their conclusion took this form: "Unless this is done the experience of the states indicates that the trainee is likely to be exploited. These follow-up visits should be made at two weeks' intervals, if possible. Under no circumstances should these visits be more than thirty days apart." These expressions have an arbitrary tone, but, even so, the judgment prompting

³ Miscellaneous 701, Federal Board for Vocational Education, p. 8.

them was sound. Employment training is unquestionably correct procedure in rehabilitation, but it will not run of its own accord. It needs the most assiduous kind of oversight. Perhaps one of its outstanding benefits, aside from the certain job objective, is its tending to build into the trainee conceptions of the job which no other sort of training can possibly supply. Processes and skills aside, valuable and indispensable as they are, it is nearly if not fully as vital to instil in the apprentice some of that spirit which helps him to like his job and to have pride in the craft.

Occupations suited to employment training.—He who would assert that employment training is a direct inheritance from the age-old but now generally abandoned apprenticeship system, would not be far wrong. Apprenticeship was, although a long, painful and laborious process, the direct induction into a craft. It spelled thoroughness without doubt, but it also entailed many features that to modern eyes would suggest bondage. Of course, employment training does not suggest these harsh aspects. On the contrary, as just pointed out, it is an exceedingly hopeful process.

What vocations seems to lend themselves to this sort of training? Generally speaking, those occupations which are not capable of attainment through formal training as in schools. The professions are an example from the viewpoint of well organized formal training. No one these days can enter medicine, pharmacy, law, dentistry and the like except by the very formal route of courses, examinations, degrees, etc., "diploma selling" (as exposed recently) to the contrary notwithstanding. Another viewpoint from which to observe these occupations susceptible of "employment training" is that described by Prosser and Allen as the "pick up sort." Their comment on this group of vocations is: 4 "With the call for rapid adaptation and for continuous readaptation and with the large scale production

⁴ Op. cit., p. 24.

which makes the efficiency of the worker much more vital than under more simple conditions the pick up method, even for the ordinary workman, no longer meets the situation. More and more this method must be supplanted by better organized and more systematic ways of conferring both skill and knowledge."

Between these two groups of vocations, then (professions and "pick ups"), is that group which lends itself readily for extension through the means of employment training. It is neither the physician nor the concrete worker, the lawyer nor the policeman who are inducted into their respective niches via employment training. It is rather that group of tradesmen and skilled workers who have standardized the fundamentals of their callings to such an extent that to be a member of the craft in some standing there must have been basic training to some degree. Obviously the lines of cleavage are indefinite. Some present a well-defined, well-organized trade, as a plumber for example. Another group, not so well organized yet claiming recognition, contains the clerical and stenographic vocations. On the other hand it is manifest that the street sweeper is the veriest kind of pick up work.

Infrequent use in commercial training.—"So-called employment training is infrequently used in retraining the disabled for commercial pursuits," says John A. Kratz.⁵ "One does not have to look far for the reasons. Courses in bookkeeping, typewrifing, filing, accounting, auditing, etc., have been well organized in colleges and public and private schools. Therefore the employer expects to secure for certain lines of work, as far as possible, persons who have received formal training and who have had some experience. He does not himself have to train his workers, that is, in certain positions and in so far as their initial connection with his establishment is concerned." He adds also that in both business and industry the work is so highly specialized as to require a large amount of pre-training.

⁵ Op. cit., p. 728.

Illustrations of employment training.—"A young man who in early youth lost all of the fingers of his right hand was by the assistance of a state rehabilitation service established in industry through a program of employment training," is the story related in a Federal bulletin.⁶ It appears that in co-operation with the manager of an optical company he was given employment in the lens-grinding department. In reality it was a combination of employment and training in this specialized occupation. For the initial weeks of the arrangement no salary was paid, but in time he developed skill which warranted a small weekly wage, increased as time went on. The training was completed in a period of six months, after which time he was retained as a permanent employee.

The same bulletin gives an account of Mike, an illiterate Italian, who suffered the amputation of both hands. This was an instance where school and employment training were combined. Mike possessed a keen mind and an indomitable spirit, both of which contributed much to his progress. The manager of a construction company gave him a try-out, putting him in charge of a toolshed on a big job. The provision of artificial hands enabled him to take care of his duties as a tool-checker. Prior to that time several ingenious devices had been constructed for his work through the kindly offices of an interested foreman. The same interest that had centered about Mike's situation during this time soon made provision also for attendance at an evening school, thereby completing an interesting case of rehabilitation.

A man with a family had a hand disability which prevented his continuance in general labor. A contract was made with the proprietor of a tool-making establishment to give him employment training for three months. His financial situation was such that a wage, even though a small one, was necessary

⁶Bulletin 80, Federal Board for Vocational Education, Vocational Rehabilitation Series No. 7, p. 24.

at once. It was provided and at the end of the contract he became a permanent employee of the company.

The illustrations cited thus far in this chapter give some notion of the suitability of some occupations in the plan of employment training. Other lines of endeavor which have given satisfactory evidence of the usefulness of this type of training are: automobile painting, baking, dressmaking, hardware retailing, shoe repair and stonecutting.

Tuition and wages in employment training.—"The typical placement training in Minnesota, however," says another Federal bulletin," "is training on the job wherein the employer for a consideration contracts to take the trainee over certain definite processes and turn him into a skilled worker of a certain definite kind. Sometimes a small wage is paid, but usually wages do not begin until the period of training is over."

Rehabilitation workers of the southern region in conference at Signal Mountain, Tennessee, gave considerable time to the discussion of the problem of costs of employment training. It seems that they did not arrive at any general agreement in regard to payment of tuition for employment training courses. In fact, there was a division of practice on that score, according to the supervisors, some states paying nothing whatever for such courses, others paying tuition charges in practically all cases.

Advantages of tuition payments.—Advantages which may be observed in paying tuition for employment training were pointed out at the Signal Mountain meeting as follows: 1. Such payments insure better relations with the training agency. 2. They assist in overcoming much prejudice to the plan or the idea on the part of the employer. 3. They are helpful in making the trainee more responsible to the state.

These benefits become quite apparent to the field worker in his supervision of the cases. There can be little doubt of the

Monograph No. 1, Federal Board for Vocational Education, p. 9.

value of holding a whip hand so far as the training agency is concerned. Unfortunately, there are those who never seem to grasp the social implications of rehabilitation. A contract involving tuition payments gives the rehabilitation agency a healthy leverage on this score. Some employers need a financial consideration to suppress prejudice which they often assume when a plan as novel as employment training is broached to them. The payments help in such cases, there is no doubt of it. The assistance which tuition gives in stiffening the sense of obligation to the state on the part of trainees is so obvious as to need no special comment.

Objections to tuition payments.—The supervisors at Signal Mountain who were opposed to tuition payments advanced the following reasons for their objections: 1. It is easier to place a man on the payroll when tuition is not paid. 2. Training may be obtained without paying tuition. 3. The disabled person's service is of greater value to the employer if tuition payments are absent. 4. Such payments have a tendency to prolong the training period. 5. In reality, such payments constitute a "camouflaged" form of maintenance.

That such payments would tend to prolong the training period can scarcely be questioned in view of experience which the Veterans' Bureau especially has had in similar procedure. The request for such continuance, however, is more likely in such cases to come from the employer rather than the employee.

"The division (Minnesota rehabilitation agency) has found," continues the Federal bulletin, "the training arrangement wherein a consideration is paid to be more advantageous than the other kind, because better attention is secured for the trainee and greater care is given in making reports. It is felt that the tuition payment is also justified because there is some waste of time and material attendant upon breaking in the new employee for the occupation." Experience has demonstrated the

⁸ *Ibid.*, p. 10.

value of such payments in stimulating complete and regular reports from training agencies. The importance of payments in this respect cannot be overestimated. Employers frequently call attention to the waste of material entailed in the training of a green employee, the keen edge of which is removed when tuition is a consideration.

Wages during employment training.—Should the trainee receive wages during such training? By all means, if only possible to a slight degree. The stimulation which follows means much for successful training. The discontent which often obtains when a wage is absent or even inadequate is difficult to over-This dissatisfied state of mind sometimes results in the discontinuance of the project entirely by the trainee. A young man who had lost a limb in a railway accident was given employment training with a nominal wage in an artificial limb establishment. He was a "problem" at best, because of his unsocial background. One fine morning he was "a. w. o. l." He had left without a word. Subsequently it was learned that dissatisfaction with the wage received was at the base of his departure. It is futile to argue that he probably would have been disgruntled under any conditions, the fact remains that "wages" was a cause.

"Experience has shown," says another Federal bulletin, "that some dependence upon earnings during the training period may not be an unfavorable condition, since where the person in training is in an absolutely secured position as regards maintenance and support of dependents, and feels that his condition will not be affected by his attitude toward his work, there is less inducement to take training seriously, and to maintain efficiency." Maintenance as contemplated above is that other than wages, the implications of which will be discussed further in Chapter XVI.

Bulletin 64, Federal Board for Vocational Education, Industrial Rehabilitation Series No. 2, p. 46.

Use of correspondence courses.—A rehabilitation agent once visited a superintendent of schools in a fair-sized city in the interests of the cause. In the course of conversation, mention was made of the use of correspondence courses. The superintendent took occasion to remark that nine out of ten persons enrolling for such courses never complete them, with the inference that in ninety per cent of the cases, then, failure results. The agent was amazed at what he considered a remark based upon very little, if any, evidence and took exception. Subsequently the agent had occasion to do some checking on the matter and while he did not find the proportion of failures in the percentage stated, owing to one fact at least that many profit even by a partial course, he did conclude that there was some basis for this man's remark. Even so, there is much room for optimism in regard to the usefulness of such courses.

"In rare instances," says a Federal bulletin, "correspondence courses may be the only feasible form of training when an applicant is living in a remote place and is unable to move temporarily to a center where an institution exists. In these cases tutoring may be found a necessary supplement to make the correspondence courses effective. As general rules of procedure where correspondence courses are arranged it may be suggested, first, that no correspondence course be bought outright, and secondly, that the periodical payments be made only on receipt of definite reports showing the progress made." The soundness of these proposals is clear to one only who has had first-hand experience with these identical situations.

Supplementary tutoring is helpful.—One agent found it necessary to spend a cold winter day traveling constantly by train, trolley, automobile and finally by sleigh to interest a young man in a correspondence course that would give him some organized and systematic background in the knowledge of motors. Attendance at an institution or employment training were at the

¹⁰ Ibid., p. 46 seq.

time out of the question. Tutoring in addition to such a course is very illuminating and one may add with conviction, in nearly every case indispensable. So many of these disabled persons have been out of school for such a long time that collateral instruction is the one thing needed to make the course succeed. It seems sometimes it is merely the encouragement that accompanies such additional tutoring that proves to be the factor that is efficient in the eventual success of the course. But, whatever it is, it is needed.

Under no circumstances should a correspondence course be bought outright. There are so many things that may happen between the initial arrangements for such a course and its final disposition that it would seem wise to make this general assertion. Perhaps the most common occurrence is that the trainee has found the course unsuited to his needs or that he cannot continue it because of conditions over which he has no control. It is only reasonable that payments should be made in accordance with reports on progress. This follows the reasoning outlined above. Any institution giving correspondence courses which would be unwilling to submit to the two general conditions suggested above should be left out of consideration in the placing of contracts for such training.

Public and private correspondence courses.—The supervisors at the Signal Mountain meeting, referred to previously, "brought out the idea," says the Federal report, "that in some states correspondence or so-called extension courses are offered by the state universities, and that in many cases these courses have proved more successful than correspondence courses from an institution outside the state. These local courses have been more valuable for the reason that, first, the trainee has the advantage of contact with the visiting agent or extension worker from the university, and second, the costs are much lower than are

¹¹ Miscellaneous No. 701, Federal Board for Vocational Education, p. 9.

those from correspondence schools outside the state." In connection with the first point, however, it must be said that the private institutions, described above as "outside the state," have seen the advisability of employing field agents for the same purpose. Their difficulty, however, lies in the fact that they do not get around often enough since they have quite too many students on their lists.

Somewhat in the same vein but expressed with different emphasis are the words of John A. Kratz: 12 "Experience has not demonstrated that the physically handicapped are more successful with correspondence courses than others. Frequently, however, such courses are used to especial advantage in the way of supplementing some other form of training or employment. On the other hand it occasionally happens that where no other training facilities are available, correspondence courses have been effective." A carpenter who lost the vision of one eye was given a correspondence course to train him as a contractor and builder. It supplemented admirably his continued work as a carpenter, but gave him in addition an "up-grading" course that was valuable. A contractor living in the same community was engaged as a tutor. His service was necessary to clear up some points that arose in regard to mathematics. was a very satisfactory arrangement.

Greater persistence and industry required.—"It is, of course, probable that a smaller proportion of individuals possess the persistence and industry to undertake and complete a correspondence course," say Scott and Clothier. "This means that personnel managers who utilize such courses as part of their training methods need to give unusual thought and attention to the capacities and interests of the employees whom they are considering for such courses. Recognition of the difficulties and

¹² Op. cit., p. 728.

¹³ Op. cit., p. 384.

accumulation of facts about those who succeed and those who fail (when given the opportunity to pursue such courses) should lead to more and more accurate decisions in individual cases."

Successful rehabilitations have been effected by correspondence through the following courses: accounting, art fiber weaving, bookkeeping, cartoon drawing, commercial art, contracting and building, jewelry repair, photo retouching, poultry raising, railway accounting, showcard writing, sign painting, stenography.

Special need of supervision.—Supervision is undoubtedly one of the keynotes of success in correspondence courses. "This success," says John A. Kratz, "has been due largely to the supervision of the rehabilitation agent who in many cases not only sees that the student keeps up with his work, but also gives him assistance with his studies or employs some one else to give the assistance." An illustration of this is the case of the carpenter referred to previously who was enrolled for the contracting and building course. The supervision given him through the rehabilitation agent and the special instructor was no small factor in his successful completion of the course. He was a painstaking student, that is, from the standpoint of application and industry, but he needed the kind of supervision which he received.

Another instance of the effectiveness of supervision comes through one of the best case histories in a certain state service. A young man with a family lost his right arm. He was enrolled in a poultry-raising course and given the assistance of a local school man. This aid was in the form of explanation of difficult material, oversight of papers before they were sent in to the examiner and various suggestions as to procedure. He succeeded in completing the course in a very creditable manner, due in no small measure to the joint supervision of the rehabilitation agent and the special instructor. The course was a first-rate example of a means for successful rehabilitation. The

¹⁴ Op. cit., p. 728.

raising of poultry is a vocation not acquired in a short time. Experience, without doubt, is the best teacher, but in this case native interest, pluck, industry, willingness, together with the other factors mentioned, reveal a story of success.

Enough has been suggested to point to the necessity for thoroughgoing supervision if correspondence courses are to succeed. They positively will not go of their own weight. Even with the most amibitious kind of students there is a strong tendency to procrastinate. This is probably one of the greatest obstacles to the success of such courses. On the other hand, they constitute a remarkable avenue of progress to one who has energy and motivation, where institutions are not available, or, even if available, where the student cannot for some reason attend them.

Tutorial training.—The need for tutorial training has already been pointed out. It may be used to supplement the more formal training given in an institution, or it may supplement employment training or it may be given as a sole form of training to one whose situation seems to demand that form of instruction. One instance of training during employment through tutorial means is related in a Federal Bulletin ¹⁵ as follows:

"A man 49 years of age received an injury while cranking a truck, which resulted in total paralysis of the right arm. He was totally incapacitated for his old work. Because of his age it was found inadvisable to attempt formal training for some new work. Since he had shown considerable executive ability, the rehabilitation service arranged with his employer to retain him and to have a foreman instruct him in drawing and blue-print reading. To-day this man is himself engaged as a foreman in construction work for the same company."

The St. Paul Pioneer Press of Sunday, October 19, 1924, contained a feature article on the re-education of the blind. An illustration with it was that of a blind man feeding his poultry ¹⁵ Bulletin 80, Federal Board for Vocational Education, p. 27.

flock. Co-operating with the Minnesota Department for the Blind, the Minnesota Division of Re-education had provided this man with training in poultry-raising. The instruction had been given by a socially-minded high school teacher of agriculture in one of the better school systems of the state. The tutorship proved to be a very effective one, as a visit to this blind man's poultry yard subsequently proved. The relationship existing between tutor and student in this instance was a very interesting one. It was an entente cordiale that would be good for rehabilitation workers and others to see. The blind man moved about the premises checking up various items, calling attention to one thing or another as it occurred to him. It was without doubt a quite remarkable instance of the effectiveness of tutorial training, given independently, which had resulted in genuine rehabilitation.

The objections that might be raised to this form of training are slight as compared with the advantages that exist. It is true, of course, that tutorial training will not be common as a sole method of instruction. However, where a competent instructor is available and where it seems to be the kind of instruction desired, it may be counted upon as an effective means of rehabilitation. From an administrative standpoint, it is too expensive to be frequently used, if the course involves a large number of lessons.

QUESTIONS

- 1. Of what significance, if any, is the distinction between employment and placement training?
- 2. What conditions exist in trades and professions which indicate that employment training seems most suitable to the skilled trades?
- 3. Discuss the validity of objections raised to tuition payments for employment training.
- 4. Enlarge upon the importance of wages given during employment training.
- 5. What might institutions giving instruction by correspondence do,

- other than has been suggested in the text, in order to make such courses more effective?
- 6. What types of courses or training would seem to profit most by tutorial training?

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Bulletin 64. "Industrial Rehabilitation—General Administration and Case Procedure." Federal Board for Vocational Education, 1921.

Material assistance in writing and formulating first draft of this bulletin (Miscellaneous 240) was given by one of the authors of this book. A general treatment of the administrative and case procedure phases of rehabilitation. Special emphasis is placed upon co-operation of agencies and the determination of job objective together with comments on types of training.

Bulletin 70. "Industrial Rehabilitation. Services of Advisement and Cooperation." Federal Board for Vocational Education, 1921.

Particular attention is directed in this bulletin to phases of maintenance and types of training. Employment training and institutional training are emphasized.

Bulletin 80. "Vocational Rehabilitation." Federal Board for Vocational Education, 1923.

Emphasis given to training of various sorts. Amplified by case histories and especially by twenty-six photographs, some of them occupying a full page.

Monograph No. 1. "The Civilian Vocational Rehabilitation Program in Minnesota." Federal Board for Vocational Education, 1925.

Contains several typical aspects of rehabilitation in Minnesota which may be valuable for comparison.

CHAPTER XIV

PLACEMENT

Placement refers to the location of men and women in occupational life. Whether disabled or not, how serious is the problem of placing men and women in such positions? In other words, what does it mean if they are not placed?

"Unemployment," says Watkins, "not only tends to dishearten the workers, but also fills them with resentment against the present industrial order. Discontent and a tendency to radicalism are the natural consequences of unemployment. . . . Unemployment, moreover, is probably the greatest single factor in breeding social unrest. Revolutionary philosophy finds fertile soil in the minds of those who are able and willing to work but who, on account of conspicuous weaknesses in our economic system, are forced to accept idleness with its train of cumulative indebtedness, want, and misery."

Rehabilitation by placement alone.—The picture drawn in the words quoted above is necessary for an appreciation of the problem of placement of the physically handicapped. The field worker in rehabilitation is impressed with the difficulties of placement whether it follows training of any sort or not. He need not be in the field any considerable time before he is aware that unless definite placement obtains, then the job of rehabilitation is decidedly incomplete. The training for a specific vocation, the partial restoration of the use of one's hands or limbs by the use of artificial members, or the partial recovery at least of

Gordon S. Watkins, An Introduction to the Study of Labor Problems, p. 213.

one's physical powers by the means of corrective surgery may contribute much and in some cases all that is necessary. However, placement remains as the capstone of rehabilitation. There are times, indeed, when it is the only process which can be properly administered; that is, readjustment vocationally is brought about by securing definite and reasonably permanent employment for the disabled person.

The mechanic who has suffered the loss of certain fingers in a process of his work may also have lost his "nerve," so that return to that job is virtually impossible. The intelligent field worker realizes here that what this man needs perhaps is not intensive training in a field foreign to him but placement on a job having sufficient in common with his former one so that readjustment comes quite handily with restored morale as a most natural result.

Subdivision of processes favors handicapped.—Owing to the highly organized condition of present-day industry, large plants often have a great degree of division of labor and do not shift employees from one process to another. In such establishments there are many processes which are suitable to persons even with a considerable handicap. Many of the processes do not require much time for the acquisition of facility; hence the situation lends itself well to the furtherance of rehabilitation by placement alone.

The Ford Motor Company is probably the best known example both of subdivision of processes and utilization of the handicapped. According to the chief surgeon, Dr. J. E. Mead,² there were employed in 1919 in a total of 33,000 workers, 123 men working with either amputated or hopelessly crippled arms, forearms or hands; 1 with both hands off; 4 totally blind men; 207 blind in one eye; 253 with light perception only in one eye; 37 deaf and dumb; 60 suffering with epilepsy; 4 with both legs or feet missing; 234 with one foot or leg amputated or hope-

² Dr. J. E. Mead, Salvage of Men, Ford Motor Co., p. 3.

lessly crippled; 1560 suffering from herniæ of various types; 900 tuberculous employees and 6180 more suffering from other ailments or diseases, bring the entire number of handicapped up to over 9563.

The work performed by the disabled is described by Dr. Mead ³ as follows: "There are a total of 7882 of these cards, describing that number of different jobs in the factory. Of these 949 are classified as heavy work, requiring strong, able-bodied and practically physically perfect men; 3338 require men of ordinary physical development and strength, while the remainder, 3595, call for practically no physical exertion and can be performed by men of the slightest build or physical development. . . . As many of these lightest operations required the use of all a person's faculties and would not be suitable for many of the cripples, another canvass was made to ascertain the number of jobs that could be performed by the various classes of cripples.

"This list showed that 670 could be performed by legless men; 2637 by one-legged men; 2 by armless men; 715 by one-armed men and 10 by blind men. To become proficient in these various occupations, the time required was estimated as follows:

1743 jobs, or 43%, would require one day or less.

1461 jobs, or 36%, one day to one week.

251 jobs, or 6%, one to two weeks.

534 jobs, or 14%, one month to one year.

43 jobs, or 1%, one to six years.

The last mentioned are skilled trades, such as tool-making and die-sinking."

Conditions indicating placement only.—The supervisors of rehabilitation in conference at Signal Mountain, Tennessee (referred to previously), advanced the following reasons for using direct placement instead of institutional or employment training in order to accomplish the work of rehabilitation: 4

³ Op. cit., p. 5.

⁴ Miscellaneous 701, Federal Board for Vocational Education, p. 10.

- 1. Many states have no provision for maintenance during training.
- 2. The age of the trainee frequently makes it impossible to train him.
- 3. The mental ability of the trainee is such that training is not feasible.
- 4. The disabled person must earn a living wage immediately.

The first reason given will be true in many cases. However, if training is desirable, and if it has been established by the rehabilitation forces that it is advisable, then some steps should be taken to organize the plan of maintenance in some other manner, which will be discussed in Chapter XVI. It is true, of course, that advanced age is a factor which often decides against training some handicapped persons. With the growing usefulness of mental tests, rehabilitation workers will probably be able in the future to determine with some exactness and precision the mental caliber of physically handicapped persons. It is true, that some persons are so obviously deficient or at least so slow mentally that a test would not alter the decision materially. The fact that a man must earn his living and that he must have work at once, or fall heir to some of the unfortunate conditions outlined earlier in the chapter, makes a job necessary just as soon as possible. The various reasons indicated by this group of supervisors of rehabilitation virtually meant, and it is so expressed in the report, that the trainee under consideration is not susceptible of training.

It would seem then that the most serious limitation upon the mere placement plan is the fact that if the disabled person is not susceptible to training, it follows that he has never been a trained man; hence he is also an unskilled man and that will mean frequent placements. The man placed in an unskilled job is not likely to remain there a long time. The turnover is

probably very great in the kind of job which he holds. Within a short time he will be seeking a new job.

Placement has administrative advantage.—Perhaps the most outstanding advantage of placement as a form of rehabilitation then is an administrative one. It offers the readiest solution of some cases, especially those for whom training of any sort would seem neither practicable nor desirable. Not the least among discouraging features of the work is the long wait necessarily attending some cases in the process of vocational readjustment. Ready placement has the psychological effect of promoting valid interests of the work, compensating for such cases as are necessarily slow of solution. "With the exception of heavy labor and positions requiring a great degree of skill, handicapped men have been found who were able to fill all those positions requiring no great physical strength and not very much skill," says T. G. Mill.⁵ "Cleaners, janitors, bench hands, routine clerical workers, warehousemen, factory workers, elevator operators, and watchmen are the most common types of work which can be suitably filled by the handicapped." Then he adds this significant statement: "It will be noticed at once that the majority of these positions can be suitably filled by men of a certain age, corresponding to the fact that 4970 of the clients are over 40 years of age."

Advantage of economy.—A further advantage in the method of placement alone as a means of rehabilitation is seen in its economy. Provided that the placement is permanent, or reasonably so, it represents less cost to the governmental service. Training for a vocation obviously involves expense. Assume that a disabled person has been put on a machine as an operative with a wage that is respectable. He becomes a wage earner at once. His stock has gone up. He is no longer a liability. He

⁶ T. G. Mill, "Placement of the Handicapped," International Association of Public Employment Services, 1923 Proceedings, p. 29.

is satisfied and comfortable. Granting that with increasing proficiency he may receive an increased wage, his situation, from his own and society's standpoint, has become more than merely tolerable. Placements of this character, if reasonably permanent, are highly desirable and reflect much credit upon the movement.

Readjustments in the same industry.—A lineman employed by a power company who was injured by burns which impaired future efficiency along that line was given some clerical training by the rehabilitation service. He returned to his former employer in a managerial capacity, perhaps not so much on account of training received as the discovery of such ability in him subsequent to his injury. The company felt a certain obligation in his case and gave him every opportunity to make good. Visits by the rehabilitation agent verified earlier impressions that he had the caliber that was necessary for advancement. Perhaps the best service rendered in this young man's case was guidance.

A young man who was still a high school student found regular employment with a light and power company during summer vacations. Like the man mentioned above, he also suffered an injury from burns. At first it seemed wise that he undertake a technical course, in fact that was his own wish. Subsequently, it proved, however, that such a plan was not wise. A re-survey of his case and of his possibilities revealed an interest and a desire to go into clerical work. The power company had practically assured him of a position with them if he made good. There was scarcely much doubt of his ability to do that. Even a few minutes' conversation with him would give a favorable impression of his intelligence. A course of training accordingly was undertaken and completed. He now holds the position which was originally suggested to him.

A native of a foreign country, who, by the way, had received more than just a fair education there, came to America. He

found employment among the vigorous but unskilled workmen who hew out the logs and the timber in the northern woods. An accident followed which eventually meant an artificial limb. A number of years had elapsed since his schooling in youth. He was practically illiterate. He had been employed meantime in a watchman's capacity by his former employers. Training in elementary accounts was given him through tutorship by a high school instructor. It was completed creditably and he was retained by the company in a capacity where he might use his training to good advantage.

Another young man, a mechanic, suffered an eye injury in the shop of a tool factory. Through training he became proficient in advertising and sales and returned to his company in that capacity. An employee in a wholesale hardware concern lost the sight of one eye in the course of his duties. He received training in accounts and in due time obtained a promotion from another merchandising firm which gave similar work at a better salary.

So it might be illustrated almost without end; the instances are so numerous in which readjustment through some channel or other has come about and the disabled person has been retrained sometimes to his old job and at other times to a job very similar to it. The examples cited like these above are by no means a series of overstated accounts. In most cases, as a matter of fact, the bare statement of a rehabilitation effected has been given.

"Therefore, it may result in some cases that the handicap will prove to be a blessing in disguise," says H. L. Brunson, because it will enable many of those who formerly followed a blind alley occupation or repetition performance in a specialized productive factory, or a humdrum sort of aimless job, to secure

⁶ H. L. Brunson, "Problems involved in Placement of the Handicapped," International Association of Public Employment Services, 1920 Proceedings, p. 147.

placement training in new occupations where they can become skilful, not only in one process, but in many."

Placement following training.—"Placement is merely one element in the entire guidance system," says A. F. Payne, "and should not be over-emphasized to the exclusion of the other elements of the guidance system. It is the epilogue of the guidance system, not the prologue." ⁷

Placement following training would seem so obvious as to evoke no comment other than surprise to think that it did not follow such training. The fact that it does not is the basis of this discussion. As Payne has stated above, it is a part of the guidance program, but the "epilogue" and not the "prologue." It would be well indeed if placement could follow so closely upon the heels of training as to leave no gap whatsoever, but that is too much to expect.

Training in itself is no guarantee of placement, as any one may readily observe in time of national or local stress. When unemployment is general among the unskilled, then the skilled workers are affected also. "The fear of that unemployment which arises from periods of industrial depression is a well justified one," says George E. Roberts.⁸ "Reports show that there were over 3,000,000 fewer people employed at one time in 1921 than there had been in 1920." With the prevalence of such conditions at certain times, it is not strange if those who are interested in the placement of trained persons become somewhat discouraged. The figures given above contain all the unemployed, regardless of their physical condition. If to such conditions are added the one of physical disability, then the magnitude of the problem may be appreciated.

Difficulties to be met.—"The only step, and a very important one in the rehabilitation program which you are required to

A. F. Payne, Organization of Vocational Guidance, p. 195.

⁸ Geo. E. Roberts, Labor Problems and the Labor Movement, 1923, p. 17.

accomplish purely on the merits of the case is the placement," says Miss Tracy Copp, special agent of the Federal Board for Vocational Education. "Some employers of labor are keenly appreciative of the efforts of the rehabilitation service to put disabled persons in a position to compete successfully with the physically normal. They accept trained, experienced physically imperfect workers if they can do the work as well as whole workers can." This is a point of consequence to the rehabilitation worker who is endeavoring to place his trainee, following the completion of the training program. He must endeavor to make clear the fact that these trainees can do the work as well as others, if they can. At this point the efforts of the rehabilitation worker become very significant.

"There are employers, however," she continues, "who are not so enlightened in regard to the rehabilitation service. They are prejudiced against the employment of physically disabled persons either because they are disabled or because they feel that a man once injured is more liable to a second injury. Such employers may be corrected." The education of the employer in the usefulness of physically handicapped people who are trained is a challenge to the rehabilitation agent which he cannot ignore. If the guidance which the agent gave to this person before training took place was valid, then this phase is no less valid.

"Still other employers accept the disabled persons," she says, "as part of their philanthropic duty toward the community. There is often little thought given to the disabled man's ability to do work. The work given him is frequently of lower grade than is consistent with his ability." The humanitarian attitude expressed by some employers in a practical way is the encouragement which is necessary to carry on this activity. But the skill of the agent is necessary to prevent the sort of thing which Miss Copp mentions in the last line and which does happen if the training of the disabled person is not presented forcefully enough.

[•] Miscellaneous 677, Federal Board for Vocational Education, p. 11.

Assumption of placement by training agencies.—"Any agency, therefore, which sees to it," say Prosser and Allen, 10 "that the trained individual is placed in the work for which he has been trained is acting in a very direct way to conserve social resources." This particular sentence is genuinely applicable to the subject under discussion. If any agency whatever is concerned with the disabled person who has been trained, it is that one which gave him the skills which he possessed with the completion of training. He is now awaiting a call to service. that he is to stand by idly and wait like Micawber for something to turn up. His own efforts on that will be discussed later. But there is an obligation resting upon the training agency in the matter of activity which will eventually put him in touch with real opportunity. So important is this matter of placement by the training agency that as a general thing no contract should be made with it to train the disabled unless it understands thoroughly that obligation.

General recognition of obligation.—Training agencies, on the whole, seem to have recognized the obligation fairly well. Prosser and Allen say again at this point: "From the beginning, the vocational schools have shouldered this responsibility because they recognized, more clearly than other types of schools, the social necessity for placing the trained product of their work where it can be used to the best advantage." Vocational schools obviously are but another term for training agencies, although not synonymous, of course. In so far as public schools and private schools, not designated as vocational schools, have vocational courses, they may likewise be designated as vocational schools under the meaning of the term. It is true, of course, that such schools, vocational or having a number of vocational courses only, do maintain bureaus which attempt to place at times trained students. Such bureaus represent a tacit acceptance of the responsibility referred to above. "The development of

¹⁰ Prosser and Allen, op. cit., p. 131.

placement systems in the general public schools of this country," Prosser and Allen conclude, "has unquestionably come about through the demonstration of the values of this service in the vocational training work."

Aspects of Placement Bureau.—What are some of the practical aspects of a placement bureau which a vocational school such as a general vocational school, a trade school, a business college, a teacher training institution, etc., should have? "It is essential," says Gertrude R. Stein, "in organizing an employment bureau for the handicapped that the examiners be qualified as specialists." Unquestionably it must be a bureau of qualified personnel. "Employment work for the handicapped should be done in a small private office with no more than three examiners working in the same room," continues Miss Stein. It cannot be a large, roomy place and have the air of privacy that is essential to such work, confidential as it is. "One cannot do personal work with applicants in a dirty, noisy office where the men stand at a desk with a line of applicants trailing off behind them. The office should be attractive—very much like the office of the better type of physician."

"The business note must be emphasized throughout," is another suggestion. It is hardly a place for visiting. Miss Stein suggests further that filing cabinets should be conspicuous; that examiners should dress and act in a business-like manner and, by all means, get away from the snappy rudeness that is evident in some governmental offices. There are other reasons, too, for maintaining effective bureaus in the training agencies. "Employers are not as anxious to take men from a bureau for the handicapped as from a regular bureau. For this reason the handicapped employment bureau should do everything in its

[&]quot;Gertrude R. Stein, "Organization of an Employment Bureau for the Handicapped," International Association of Public Employment Services, 1920 Proceedings, p. 154.

power to perfect its placement methods." While training agencies can hardly be expected to maintain a bureau especially for the handicapped, yet if they undertake to train, they must endeavor to place them, having some such principles to guide them.

Co-operation of public employment offices.—The public employment office could be of great service to the work of rehabilitation. The very fact that it is a public employment bureau gives it a prestige which it might not otherwise have. It behooves the workers of the rehabilitation service to keep in touch with the public employment bureau in order that it receive from that agency such assistance as will be valuable in placing certain trainees or other wards. But experience, in some cases, has not been of the sort that would inspire confidence in these agencies so far as actual placement is concerned. To many rehabilitation agencies the situation has been very much as described by the head of a state rehabilitation service who says that these public employment bureaus have been of very little help. "Sometimes," he continues, "we can learn of placement opportunities from the offices, but not often. Those in charge of the state employment offices send the cripples to us and we do not send them to them for placement although the law intended that these offices should be used. We have found it impracticable to do so as the public employment service does not do case work of our type."

It is unfortunate that the situation described above obtains, but such is the case. Probably its best service to the rehabilitation agency, therefore, is in the point that the public office may do much if it merely furnishes placement opportunities.

Reasons for limited usefulness.—Perhaps something should be added here by way of extenuation of the situation which exists in public employment offices as regards their service to rehabilitation. "Both employment offices and industrial concerns have found a barrier to the placement of the disabled in the man's

mental attitude and in his home conditions," says William T. Cross. 12 "Neither the employment office nor the industry," he continues, "is equipped to inquire into facts beyond those that appear upon an office interview. They cannot study a man's family environment nor his own course of development through a period of years, as a background for further adjustment. They cannot ordinarily carry through a program of rehabilitation persistently, drawing upon other community agencies as their services may be needed."

"But," concludes Cross in this paragraph, "the employment office can be expected to play its special part in any complete rehabilitation program that may be organized either under other state departments or under voluntary agencies in local communities."

The supervisors of rehabilitation in their meeting at Signal Mountain raised this question: "Why not refer all cases not feasible for training and for whom only placement can be obtained to some placement or employment agency?" ¹³ The answers were summarized as follows:

- 1. There may be no employment agency in the disabled person's community.
 - 2. Private employment agencies may exploit the man.
- 3. It is not well to have disabled men compete with those who are not.
- 4. The employment agency frequently is incompetent to place the disabled person in employment.

Special placement agents.—Why should there be a special placement agent? According to the 1922 Federal Board report he existed in but two states.¹⁴ In Michigan, four members of

¹² Wm. T. Cross, "Problem of Employment for the Physically Handicapped in Illinois," International Association of Public Employment Services, 1920 Proceedings, p. 151.

¹³ Miscellaneous 701, Federal Board for Vocational Education, p. 11.

¹⁴ Sixth Annual Report, Federal Board for Vocational Educational, pp. 381-7.

the rehabilitation staff were known as placement officers. In Minnesota, one member of the staff was designated as a placement specialist. It is not unlikely that other states had staff members whose actual duties were comparable to those known as placement agents in Michigan and Minnesota.

On a small staff, it is conceivable that a placement agent may have many duties in common with other field agents, such as taking applications, suggesting suitable courses of training for the disabled, supervision of training, etc. In the main his duties might be grouped as follows:

- 1. Surveys of placement opportunities.
- 2. Job analysis.
- 3. Placement of trained and untrained disabled persons.

Surveys of opportunities.—Surveys may be of two sorts: general and special. The general survey is the kind of service which one would give in going up and down the streets of a business block or of any wholesale merchandise or industrial district of any sort, calling at each place of business irrespective of its nature, to determine its possibilities for and the attitude of its officers towards the rehabilitation of disabled people. It means the approach in every instance to that official who handles the employment, variously known as the employment superintendent, assistant superintendent or even designated as the superintendent. In many instances it is a diplomatic errand. One should be able to pass out of the building after the interview with no less enthusiasm and certainly with no less grace than when he entered, even though the interview has not resulted as he had hoped it would. The job means the asking of appropriate questions to learn what opportunity exists for the employment of disabled people. In such cases and in all cases for that matter, where the rehabilitation agent is "selling" one should turn in his card, state briefly whom he wishes to see, get down to business at once, present the case of rehabilitation with brevity and dispatch, answer questions frankly, and leave before a polite dismissal.

The agent may wish to call again and he should always leave his tracks in such shape that he can retrace them without difficulty or embarrassment.

Study of special industries or businesses.—The other type of survey is not materially different in any respect except that the agent selects a type of business house or establishment with a view to ascertaining what opportunities may exist along a given line. Under the general survey, he will, in a downtown business block, call on department stores, shoe stores, clothing firms, etc., with very little discrimination, if any. He will proceed in much the same manner, in a wholesale district or in an industrial area, going from one to another regardless of the kind or type. In the more special sort, he will have as an objective the location of opportunities in wholesale dry goods houses, or in automobile concerns or the like. The method is the same; the objective is different only in the fact that the kind of establishments called upon are limited to one type. Obviously, the smaller the city the more frequently will the general survey for opportunities be used.

Job analysis.—"Job analysis," says Payne,¹⁵ "deals primarily with the first of the four B's of scientific management. 'There is one best way to do anything.' It also has to do in considerable degree with the other B's—'There is one best person to do that thing.' 'There is one best method of training that person to do that thing.' 'There is one best method to motivate that person to do that thing in the prescribed way.'"

Placement must be intelligent.—The actual placement of those who are trained under the auspices of the rehabilitation agency and those who are not susceptible of training constitutes the major activity of a placement agent. "Effective placement," said Mrs. M. R. Tippet of Milwaukee, Wisconsin, in addressing the National Civilian Rehabilitation Conference at Cleveland

¹⁵ Op. cit., p. 254.

in 1925, "is not an amateur job, it matters not whether the candidate is disabled or physically whole; though with disabled persons especially the original placement with any employer or corporation must be intelligent and studied."

The placement activity is the acme of the rehabilitation service. Without it, the rehabilitation service has not functioned and the long train of services from the first contact, through initial stages of advisement to the period of training followed by supervision, has virtually been for naught. Placement, however far it may be projected into the future, is the goal which organized society asks of those who rehabilitate men and women.

Understanding the placement client.—Salesmanship occupies a considerable part of the placement agent's job or of the work which any rehabilitation worker has where no special placement agent has been designated. He is a poor salesman, however, who cannot believe in his own wares. Such lack of faith may go for a time, but it cannot endure, if success is to follow. "We must believe in our men and their ability," said Mrs. Tippet in the address previously quoted. "We must have wares that 'can deliver the goods,' and give such satisfaction that the employer will want to buy more. We cannot afford not to be frank in stating the shortcomings as well as the assets of our disabled, nor can we afford to oversell." Then follows a statement which contains the entire philosophy of 'selling the disabled' in a nutshell, for that matter it is the basic philosophy of any selling anywhere which is built on integrity, "To do otherwise would destroy confidence, and make future placements difficult."

Salesmanship required.—"To do effective placement work for the handicapped," says Miss Stein,¹⁶ "it is essential that we become well acquainted with our applicants." One final illustration will show still another phase of the salesmanship that is so necessary in this placement work. Louise C. Odencrantz of

¹⁶ Stein, op. cit., p. 156.

Brooklyn says: ¹⁷ "Selling its services to the employer is the hardest problem that faces any public employment office. To get the idea across, the employment service has as much need of using the latest and best selling methods as any salesman must use to dispose of his goods. The competitor that the service must win against is custom or the time-honored methods that the employer has always used in conducting this end of his business, with more or less success or naturally he would not have been able to continue in business."

Periodical canvass of opportunities.—How often should a canvass of opportunities for disabled persons be made? That will depend entirely upon conditions like times of financial depression or periods of much prosperity with their respective phases of unemployment and almost unprecedented calls for all sorts of labor, both skilled and unskilled.

As a general rule a canvass of opportunities for disabled persons should be made at frequent intervals. In dull times, in periods of financial distress and unemployment, it is obviously necessary. Perhaps there is a danger of combing the field even too diligently, but it must be done to some degree if employment is to be secured. It must be effected with clear objectives ahead, namely, that of analyzing the field to see what openings exist for specific trades. A canvass of some sort must come, as there is no other way in which this information can be secured systematically. Chance calls by telephone or sporadic requests through "want ads" will not suffice. The personal canvass with well defined objectives will reveal the actual state of affairs.

On the other hand, prosperous times are accompanied by rapid changes occurring in every phase of modern life. There will naturally be an abundance of employment opportunities due to the shifting of workers from one job to another. Again it

²⁷ Louise C. Odencrantz, "Public Employment Service from the Point of View of an Employment Manager," International Association of Public Employment Services, 1920 Proceedings, p. 60.

is that the usual avenues of job information will not be adequate. The canvass is necessary to establish the number and kinds of opportunities to which the disabled persons may adjust themselves. Jobs may then be plentiful, but the workers become discriminating.

Confidential relations with employment managers.—"Well, bring your man around tomorrow," said the foreman of a well-established cigar factory, "I think we have a place for him." The rehabilitation agent was rewarded for his efforts by effecting a satisfactory type of employment training. "Yes," said another employer who had a comfortable looking watch-repair shop, "I need a fellow like that. Let me see him." The "came, saw and overcame" of the ancient Roman would have fittingly described the achievement of the unassuming young man who appeared the next day. The result of the conquest was an employment training chance in watch-repair.

Relations between employers and field agents like those described above do not come by mere wishing. They come only through carefully adjusted visits which establish cordial and friendly relations between the employer and the vocational counselor of the disabled person. These visits frequently have but little to say regarding the technique of rehabilitation, but they contain much regarding industry or business or society's endeavor to bring back physically broken men. They suggest without stint the desire of the state to see them restored to vocational usefulness. They call attention in some detail to one disabled person or another who would appreciate the opportunity of coming into such a place as the one being visited to render a service through the acquisition of a trade mutually profitable. But these employment managers, hard as some of them appear on the exterior, are very often men and women who are open to friendly contacts. To assume that an agent may rush in and forthwith place a disabled person with them is not merely unwarranted optimism, it is egotism. It is more than that; it is evidence of ignorance in the field of practical sales psychology.

Advice on self-placement.—A street-car motorman became badly disabled in the line of duty. Rehabilitation officials arranged for shoe repair training at his own request. The street-car company effected a satisfactory settlement through the lump sum plan as provided under the workmen's compensation law. At every point, the man's aggressiveness was evident. Rehabilitation agents helped to plan details, gave suggestions in all of which he co-operated splendidly, even to the ultimate purchase of a harness and shoe repair shop with the proceeds of the settlement. Altogether it was a happy instance of self-placement following the advice of rehabilitation experts.

"Self-placement," says Payne, 18 "is frequently nothing more nor less than chance placement." Payne applies this particularly to placement offices of the public schools in which, doubtless, it may be true. With the more mature people of the disabled group, it does not apply so frequently. What is more, with this more mature group, it is possible to counsel more effectively regarding self-placement.

Not infrequently advice on self-placement, an outspoken return of the responsibility to the client himself, is the best way to develop self-reliance and initiative. As Karl de Schweinitz says ¹⁹ of more general social case-work, "We can make our assistance stimulating or we can make it enervating in proportion as we look for strength or invite weakness. There is nothing more difficult in the art of helping than this, for one must maintain a nice balance between doing everything and doing nothing, varying the weight of responsibility according to the strength of the individual who is being helped."

Cases requiring intensive effort.—There are other cases, however, where the most intensive efforts on the part of the place-

¹⁸ Payne, op. cit., p. 124.

¹⁹ Karl de Schweinitz, The Art of Helping People out of Trouble, p. 759.

ment agent are necessary to bring about the employment of his client. In these instances he must usually not only locate the opportunity but take the client around to the establishment to see that the first contacts with the management are made successfully. The types for which such efforts are required are those who have unusually objectionable handicaps, and those who have repellent personalities.

A man past forty years of age has been trained as an automobile mechanic and later has received intensive training in lead burning for battery work. His left arm is a mere stump and his left leg entirely stiff. To some people his condition is repellent. Yet he has an indomitable spirit. In a period of three years the only employment which he has had is a ten-day period in an automobile repair shop. He is qualified to do better than ordinary work with batteries. If the psychology of failure is sound, then he ought to have been hopelessly discouraged long ago. Without any doubt he represents one of the most difficult types of cases known to rehabilitation agents.

A young man, ordinarily seen in a wheel chair, frequently gets down on the ground where he moves about by lifting himself up with his hands. He has a good face. He obtained a high school education which was supplemented by an intensive course in business training. Rehabilitation agents have made numerous trips and efforts in his behalf with little avail. He represents another type for whom the most intensive efforts are necessary before his situation will eventually be satisfactory.

Old men with disabilities which are marked or noticeable give the rehabilitation service much occasion for planning and reflection. Employers sometimes express willingness but they hesitate. Advanced age, meager education or training, a background of general labor only, plus a disability present a combination of circumstances sufficient to challenge the mettle of any active rehabilitation worker.

The tuberculous convalescents present a group of persons for



PART IV SPECIAL SERVICES AND SPECIAL PROBLEMS



CHAPTER XV

WORKMEN'S COMPENSATION AND REHABILITATION

The rôle which the workmen's compensation movement has played in furthering rehabilitation has already been indicated. In most states which have a workmen's compensation act the rehabilitation agency finds its strongest co-ordinating activity in the workmen's compensation service. A fair understanding of the workings of each activity and their relations has therefore become quite necessary to the persons engaged in either of them.

Two kinds of compensation acts.—As has been noted, compensation in this country dates from 1911, if the abortive New York law of 1910 which was declared unconstitutional be excepted. Constitutional differences have caused compensation acts to be drawn along two lines. One is called the compulsory law. This is based on the existence of special hazards in the industries covered. The other type is a so-called elective law according to which employers and employees are supposed to have elected to be bound by the act and the election is a part of the contract of employment. In practice such elective laws usually presume that the employer has elected to come under if he has not filed an election to the contrary, and similarly with the employee. In the event the employer does elect not to be bound by the act certain of the common law defenses to a damage suit are abolished. If the employee elects not to be bound by the act he is left still subjected to the common law defenses. So the elective laws, while in theory voluntary, offer such strong inducement that their coverage is really as much a matter of course as that of the compulsory laws.

Theory of workmen's compensation.—The general theory of workmen's compensation is well stated by Commons and Andrews as follows: "Compensation to the injured workman is based upon the theory that the consumer of economic goods should bear all the expenses incurred in the production of such goods. Among those expenses must be included the pecuniary losses from deaths and injuries occurring in the regular course of production. Wages lost, medical attendance, and burial expenses, in case of accidental injury or death are all losses which should be considered as a part of the expense of production. If these losses are to be borne by the workmen, he indirectly carries part of the expense of production. In order to avoid this, the expense of work-accidents, it is now generally agreed, should be treated like all over expenses of production; it should be borne by the employer in the first instance, and be shifted by him, in the form of increased prices, upon the consumer of those goods in the production of which the injuries were sustained." 1

Only "employment accidents" covered.—Some of the principal features that characterize the usual compensation act may be noted briefly. First of all, a compensation act relates only to what are known as "employment accidents" with the exception of a few states where so-called occupational diseases are covered. An accident is usually defined in such a manner as to bring in the two elements of suddenness or violence and the resulting damage to the physical structure of the body. Occupational diseases are more often covered by a definite list than left to a general definition. Accidents which happen on the way to and while returning from work are outside the scope, and frequently the accident must arise out of the employment as well as occur in the course of it.

Range of industries included is limited.—The range of industries covered by the compensation act is also limited in various

¹John R. Commons and John B. Andrews, *Principles of Labor Legislation*, p. 303.

ways. In those states where the act is compulsory and based upon the existence of special hazard it is limited to employments which are definitely listed and given in the act as extrahazardous. In other states the act applies to all employments which are not excepted. The most frequent exceptions are domestic service, casual labor and farm labor. Exception of employees of common carriers by steam railroads is also fairly common. In many states the number of employees in a given establishment has a bearing upon whether the compensation act applies or not, some placing the minimum at three, others at five, seven and even higher. No reason is known for this unless it is the idea that the danger increases with the number of employees or that it is unprofitable to insure a small number.

Workman still bears part of loss.—A principle of compensation acts which is sometimes overlooked is that such acts are not intended to cover the full loss of the workingman but are only a compromise intended to prevent distress and spread the amount available for such persons over the largest number of injured workmen. It is considered better public policy for every workman disabled by an employment accident to receive some relief, even if inadequate, rather than that a part of them should get nothing and another part theoretically complete reimbursement for their losses as was the thought underlying the common law recovery. On account of the principle just given, therefore, the compensation received by an injured workman is usually stated as a percentage of his wage and is further limited by a maximum and a minimum. In the earlier days of the compensation movement the percentage used most frequently was 50%, but of recent years there has been a substantial progress toward establishing 66\% % as the prevailing figure.

A similar development has taken place in regard to the weekly maxima and minima. Whereas \$10 and \$12 were common at first, the present tendency is in the direction of a maximum of \$20 and above. The minima have also been improved over the

beginning figures of \$5 and \$6. The effect of the maxima has of course been that the highly paid skilled workmen have received much less than $66\frac{2}{3}\%$ of their wages.

Payments are periodical.—Still another feature of importance in compensation acts which has already been indicated in connection with the basic thought of compensation is that payments are made periodically rather than in lump sum. Under the common law and under special liability laws the usual result was for a settlement or a judgment to be paid in a lump amount.

The compensation acts by being based upon the length of disability and a percentage of the weekly wage, naturally favored a plan of weekly, semi-monthly or monthly payments. Some of the acts laid down the principle that the payments were to be made at the same intervals as wages had been paid. The plan has had an important and on the whole beneficial effect.

Medical care provided.—Medical care is also a feature of the usual compensation act found in the United States. It is inevitable that it should be. The cost of medical care was an element of damages under the common law. Under the compensation act the fact that the employer must pay an amount bearing some relation to the disability, either in actual time lost from work or in the physical loss of function, made it desirable that he should provide the medical care. Only in this way could he have the control over the extent of the disability which his financial interest suggested. At first the employee was practically required to take the physician assigned by the employer. Gradually there has been a disposition to allow more latitude in this respect, however, and especially to permit the administrative authority to order a change in medical care if the circumstances warranted. Many of the compensation acts are very niggardly in the amount of medical care allowed, but the tendency is steadily in favor of a great enlargement of this feature.

Settlement of claims is expedited.—On the side of administration the compensation acts mark an epoch-making advance.

They are an experiment in the direction of what is known among legalists as "administrative justice." Even in the few instances where the administration has been left to the regular courts provisions have been included to eliminate the ordinary difficulties in litigation. The customary method of administration, however, has been through a new body created for the purpose, known as an Industrial Accident Board or Commission or simply as an Industrial Commission. Settlement without litigation is encouraged, but usually all such voluntary agreements must have the approval of the Accident Board. Contests are heard by officials designated as referees, examiners or arbitrators. Frequently the referee may make an investigation on his own initiative and may consider matters outside the scope of the common law and statutory rules of evidence. There is no jury. In many states the workman has the benefit of free counsel supplied by the Accident Board. An appeal may be taken from a minor official's decision to the board itself. The decisions of the board are usually reviewable by one of the higher courts but the review is in most states limited to questions of law. The theory of the administrative system is to avoid delays and expense and therefore make justice more readily procurable by the poor.

Insurance is an important feature.—Finally, the extent to which the insurance principle is used in connection with workmen's compensation is noteworthy. It is becoming increasingly common for states to require employers to insure their liability under the workmen's compensation act or else to give proof of their solvency. The effect has been to make payment of workmen's compensation claims vastly more of a certainty than payment of other civil claims.

In general, the compensation insurance is carried by private companies but in a number of states there are insurance funds managed by the state for this purpose. A few of the latter are monopolistic, i.e., the state fund is the only one permitted under the act. The existence of the insurance system is of much consequence for rehabilitation work. The type of insurance in a given state will have much to do with the character of the problems that are presented in the disability cases.

How injuries are classified.—The kinds of cases for which compensation is paid are commonly classified as four: total temporary, permanent partial, permanent total, and fatal. The first and the last of these are without interest from the standpoint of rehabilitation. The total temporary cases are those in which the workman is completely disabled for a time by an injury which leaves no permanent effects. Sometimes a form of compensation known as "temporary partial" is mentioned, but this is merely a variant of temporary total consisting in giving the disabled workman who can perform a part of his work a percentage of the difference between his former wage and his present one. The fatal cases, as the name implies, are those in which death results from the injury. Compensation in such cases is usually paid to the immediate family or to certain enumerated near relatives who have been actually dependent upon the deceased workman. If there are no dependents, no payments are made unless, as will be seen later, there is a payment to one or more special funds which have a relation to the rehabilitation program.

Aspects of permanent partial cases.—The permanent partial cases are manifestly the group for which the rehabilitation movement has the greatest concern. These are the injuries which leave a permanent disability of a partial nature. They include a great variety of dismemberments and losses of function. A large number of interesting questions arise in connection with this group. First and foremost of course is the character of the medical service given. Often a case is kept out of the permanent partial class and falls back into the temporary total by receiving the proper medical attention. A good example of this type is found in the infections. At other times the degree of disability can be very much reduced through the proper thera-

peutic measures. The subject has been rather fully discussed in Chapter V. It needs only to be repeated that an important goal for every compensation act should be complete and adequate medical service in order that the disabilities may be kept as low as possible.

Artificial members should be provided.—Another point of interest is whether artificial members are provided by the terms of the compensation act. As has been seen in Chapter VI, only a few of the laws now take care of this item. It is plainly a legitimate element as the aim of the compensation act is conceded to be making the injured man as nearly whole as possible. Its connection with rehabilitation is obvious. Not only should the compensation act require artificial members to be provided but the administrative authority should have supervision over the kinds that are furnished in order that the injured man may be fitted only with such prostheses as come up to a suitable standard and not with the cheapest available as may sometimes be the case.

The specific schedule.—When attention is turned to the basis of compensation in permanent partial cases it is found that this again has an important bearing on rehabilitation. The method most generally in use is known as the "specific schedule." It enumerates a large number of dismemberments and assigns a definite number of weeks' compensation to each in the list. has the appearance of great accuracy as though it were the product of scientific research. In truth, however, it consists only of just so many arbitrary guesses. The original schedules of this sort were constructed in imitation of similar schedules in ordinary accident insurance policies. These in their turn had had no scientific basis. Usually the compensation given under the specific schedule is in lieu of any other compensation. Partial losses of members are given compensation in the proportion they bear to total loss. A clause is usually inserted to provide the same compensation for impairments as for dismemberments.

The periods fixed by the schedules in the different states are anything but uniform. For many of the smaller disabilities they are often the same, but in connection with the greater ones there is much variation. Thus New York, representing the highest schedule, has the following: Hand—224 weeks, arm—312 weeks, foot—205 weeks, leg—228 weeks. New Mexico, which has about the lowest periods, provides as follows: Hand—110 weeks, arm—150 weeks, foot—100 weeks, leg—140 weeks. The discrepancy is still further increased by the fact that states which provide the shorter periods as a rule have a lower percentage of wages as the compensation rate and a lower weekly maximum.

Modifications to cover healing period.—One of the first weaknesses of the specific schedule to become apparent was the fact that the healing period in different instances varied so much. The compensation was fixed by the physical nature of the loss but the actual effects upon the injured man might cover a wide range. Thus, one worker who had lost a foot might be in condition to perform work again within a few months. He would get 125 or 150 weeks or whatever period was fixed by the schedule. Another workman might suffer an injury entailing the same loss but through complications might be undergoing medical treatment and be totally disabled for a year or two years. He would nevertheless receive the same number of weeks' compensation. The glaring inequity of this part of the plan soon led to its modification in some states. Thus in New Jersey it was provided that the employee should be entitled to compensation during his total temporary disability and then for the permanent partial disability in addition. In Minnesota it was provided that the permanent partial cases should first receive compensation during the healing period not to exceed twenty-five weeks. Such measures give more elasticity to the schedule plan and make it a closer approach to justice.

Time lost in occupational readjustment.—Another way in which the permanent partial schedule requires supplementing is

in giving some recognition to the time spent in occupational readjustment. A very little inquiry will disclose that some of the workmen who receive permanent disabilities can continue in their old occupation while others must go through the more or less protracted process of acquiring a new one. It was not fair that the compensation should be the same. Only a beginning has been made as yet, however, in recognizing this difference.

New York's plan for retraining compensation.—The first attempt to provide for retraining compensation was made by the state of New York in a rather general manner, not as a modification of the specific schedule. It is in the shape of an additional paragraph in the compensation act covering maintenance of employees undergoing vocational rehabilitation. In substance it provides that any employee "who as the result of injury is or may be expected to be totally or partially incapacitated for remunerative occupation and who under the direction of the State Board for Vocational Education is being rendered fit to engage in remunerative occupation shall receive additional compensation necessary for his maintenance, but such additional compensation is not to exceed \$10 a week." The Industrial Commission is the administrative authority as in other compensation payments and the expense is paid out of a special fund. This fund is raised by the payment to the State Treasurer of \$500 by the employer or insurer in each case of injury causing death in which there are no dependents. The number of payments of retraining compensation in the year ended June 30, 1925, was 88.

There are several points of interest about this plan. Apparently there is no limit to the length of time during which the additional compensation may be paid although there is a limit to the weekly amount. Also it is evidently intended to be concurrent with the other compensation. The round-about method in which the money is raised does not leave anyone especially interested in defeating a maintenance award in any given case. Finally, the definition of eligibility is as broad as that in the Federal and state acts which is conceded to be a very broad definition.

Opinion of United States Supreme Court.—It is worthy of note that the paragraph referred to has been construed by the United States Supreme Court in connection with the question of the constitutionality of the payment by employers into the special fund in case of death without dependents, and that the highest court of the land before ruling upon the main issue gave out this important dictum: "The use of such funds for such purposes is an additional compensation to the employees thus injured over and above that prescribed as the payments to be made by their immediate employers. Such additional compensation is neither unjust nor unreasonable." (R. S. Sheehan Company et al. vs. Shuler 265 U.S. 371). Such a pronouncement is doubly significant in view of the fact that the eligibility provision of the New York act is so broad. If additional compensation in such cases is neither unjust nor unreasonable all the more is it not unjust or unreasonable under statutes which appear to have more rigid requirements for rehabilitation. The other special fund to which the Supreme Court referred in the decision is the special fund created for second injuries which will be discussed later.

Retraining compensation in Minnesota.—The next legislation along this line was that passed by Minnesota and Wisconsin. The provisions in these states are alike in placing the liability for the additional compensation on the employer and insurer as in the other compensation payments. They differ in a number of details, however. The Minnesota provision is a part of the permanent partial section and is a modification of the schedule. It does not apply to any permanent partial disabilities except those enumerated in the schedule and only to such of those as have a disability rated at seventy-five weeks or more. The training must be certified by the Division of Re-

education and it must appear to the Industrial Commission that "such retraining is necessary." The period during which the compensation is to be paid is limited to twenty-five weeks and the regular maximum and minimum, \$20 and \$8, apply. The compensation is not concurrent with the other compensation but takes the place of such other compensation during the time the training is given. Retraining awards were allowed in about 45 cases during the year ended June 30, 1925.

Retraining compensation in Wisconsin.—The Wisconsin plan applies to all compensation cases that are entitled to and are receiving rehabilitation instruction under the rehabilitation act and is limited to the amount necessary for maintenance not to exceed \$10 per week nor in excess of twenty weeks. It is intended to be concurrent with the other compensation. The Industrial Commission determines the rights and liabilities of the parties.

Merits and demerits of plans in use.—The method in Minnesota and Wisconsin has the theoretical merit of laying the liability for the payment upon the particular industry which was responsible for the disability. This has the disadvantage, however, of creating another party in interest when disbursements under the paragraph are sought. The employer may, and not infrequently does, object to an award and a contest as in other compensation cases is the result. Many of the aspects of a rehabilitation plan are difficult of proof by the rules of evidence. So it sometimes happens that a workman desiring rehabilitation must go through harassing litigation to secure his maintenance. In Minnesota the question of eligibility for the retraining award hinges upon different language from that in the rehabilitation law, namely, the clause that the Industrial Commission must find the retraining to be necessary. The whole paragraph is now before the Supreme Court of the state for interpretation. No matter which method of approach is decided to be the more suitable, the question of providing maintenance during the period of retraining is one which should be considered urgent by all states which have a specific schedule. It should be noted here that a recent amendment to the New York law makes it permissible to use the special fund for the payment of other expenses of rehabilitation as well as the personal maintenance of trainees.

Shortcomings of the specific schedule.—Even in states which have the schedule plan, however, not all permanent partial disabilities come under the plan. It is usually limited to disabilities which affect the various members of the body and the senses, such as sight and hearing. For other permanent partial disabilities there is as a rule a sort of catch-all paragraph which provides that in all cases not covered by the schedule the compensation shall be a percentage of the difference between what the injured worker earned previous to his injury and after the injury, with a limiting period. In a few states it is provided that these general permanent partials, as they are called, shall be rated by the administrative authority on a basis similar to the ratings in the schedule.

The kinds of disabilities which come under this general classification are among the most difficult for rehabilitation agencies. They include such things as spinal injuries, sacro-iliac strains and impairments of lungs. It is greatly to be desired that the method of compensation for such injuries be one which will favor rehabilitation. Another desirable feature in connection with the schedule will come when some standardized method of making ratings under the schedule is adopted. At present in most states, although the rule in the law seems clear, the ratings are actually made by numerous doctors each applying his own idea. The result is often a great discrepancy in what different workmen will get for the same injury. Rules for making ratings which are uniform within each state should be adopted.

Compensation for disfigurement.—Another item which should be definitely covered in any specific schedule is disfigurement.

This has such a direct and baneful effect upon employability that its omission will result in grave injustice. If it is not covered in the specific schedule it cannot be the basis of compensation under any other part of the act as the laws are usually worded. Aside from mere justice, an excellent reason for its inclusion is found in the fact that the desire to avoid a fairly heavy indemnity will stimulate some otherwise lethargic employers or insurers to make greater efforts to avoid disfigurements through employing the best possible medical skill.

Other permanent partial plans.—At least two other methods, other than the arbitrary specific schedule, are in use for compensating permanent partial disabilities. One is that found in the state of Massachusetts. Under the plan in vogue there a small arbitrary period is given for each permanent partial disability and then in addition to such period a percentage of the difference between the former and present earnings for as long a time as there is any difference. The other plan is found in California. It is more complicated and undertakes to set up a life pension based upon the effect upon earnings in the average modified according to the occupation and the age of the workman. Its advocates claim for it a considerable degree of scientific foundation. To some extent the idea of modification according to age is being accepted in other states. A discussion of the advantages and disadvantages of the different plans in general would not be pertinent here.

Rehabilitation should not be penalized.—For the customary permanent partial schedule credit must be given that it in any event fixes definitely the amount of compensation and does not take anything away from the injured man if he accepts retraining or placement. He knows his compensation is a certain amount and he also knows that he will not be paid any less if he succeeds in regaining his earning power. His ambition is not penalized. The same merit belongs to the California plan in so far as it is a determination not to be varied by future events.

With the effects of any other scheme of compensation, whereby the compensation is reduced if the injured man begins to earn money, rehabilitation agencies are familiar. In all states which have the usual general permanent partial clause following the schedule, it is a common experience to find men with spinal injuries and other types under this clause declining to consider any vocational plan so long as the period continued for which compensation was payable. It is incredibly shortsighted but nevertheless it is true that many such disabled workmen prefer to draw compensation without effort than to have a small wage and a small compensation totalling a greater amount but requiring some toil. The Massachusetts plan in theory would seem to be subject to this disadvantage. It is possible, however, that an effective administration obviates much of the difficulty. It is urged in favor of the Massachusetts plan, and the same would apply to the general permanent partial provision, that it offers an inducement to the employer and insurer to promote rehabilitation. Whether this inducement is a complete offset to the disadvantage of penalizing the disabled man for attempting to recover his status is a subject which would repay a careful field study.

Permanent total disabilities.—Permanent total disabilities would seem at first glance to be outside the purview of any discussion from the standpoint of rehabilitation. The fact is, however, that most compensation acts give definitions of permanent total disability which in addition to specifying such injuries as in fact totally and permanently disable the worker, name a variety of injuries which are conclusively presumed to constitute permanent total disability. Thus the Wisconsin act runs as follows: "Total blindness of both eyes, or the loss of both arms at or near the shoulder, or of both legs at or near the hip, or of one arm at the shoulder, and one leg at the hip, shall constitute permanent total disability. This enumeration shall not be exclusive but in other cases the commission shall find

the facts." The Minnesota provision is similar although the injuries enumerated are different.

Under acts which are worded similar to this, rehabilitation may be taken by any of the enumerated permanent total cases without any effect upon their compensation. The provision in the New York act is worded less fortunately: "Loss of both hands, or both arms, or both feet, or both legs, or both eyes or of any two thereof shall, in the absence of conclusive proof to the contrary, constitute permanent total disability." Under such a clause, if a person who has been blinded in an industrial accident learns piano tuning or weaving or salesmanship he is in danger of being removed from the permanent total list and of having much difficulty in getting back on the list if he subsequently fails in his vocation. In view of the severity of the enumerated injuries in permanent total clauses and also in view of their relative infrequency it would seem that society might well allow them the full compensation without considering whether in point of fact they actually do prove able to restore a part of their earning capacity.

Rehabilitation helps even permanent total cases.—In some states permanent total disability is compensated by payments throughout life, and in theory many of the states do this but nullify the effect by placing financial limits on the total amount to be paid. The effect of such limitations on the cases which are only presumptive permanent totals is sometimes bad. Thus it may happen that a young man losing his eyesight and thinking that he has compensation coming for an indefinitely long time will refuse rehabilitation. He will do nothing but live on this compensation until the amount to be paid for permanent total disability has run out. Then he is without means for his maintenance while he is being retrained and his morale is in much worse condition than if he had taken training soon after his injury. Even for those permanent total cases that are assured of an income during the remainder of their lives,

rehabilitation when possible is a desirable thing because it gives them a greater interest in life and makes them more desirable members of the community.

Occupational diseases.—Occupational diseases cause disabilities which may fall in any of the groups which have been discussed. Quite often they are permanent partial disabilities in the sense of leaving a permanent effect upon the whole physical system. Such instances also quite patently present cases of a vocational handicap because it is essential for the disabled worker to change his vocation. Thus, a workman who has suffered lead poisoning must be readjusted in some occupation where there will be no danger of this kind. The two methods by which occupational diseases are covered in compensation acts have been mentioned. The cost of inclusion of occupational diseases has not proved to be very great nor has the difference in method had much effect except in some individual cases. The reason for an enumerated list rather than a general clause is that employers fear attempts to make them liable for a wide variety of diseases common to the entire population. The chief mistake made in the list of occupational diseases has been that frequently they are only an unintelligent copying of the British act or the New York act and have not been adapted to the particular state which was adopting the plan. Occupational diseases have been omitted which were quite common within the state and others which never occurred have been included. Any enumeration in an occupational disease amendment should be based upon an actual study of the diseases which occur within the state.

The problem of second injuries.—A problem which is intimately related to compensation for permanent partial and permanent total injuries and to the general question of employment of the handicapped is that of compensation for second injuries or for what is sometimes called an injury increasing disability. It is one of the most serious problems with which the rehabilita-

tion worker has to deal in the compensation field. The ordinary principle of the compensation law is that the employer takes the worker as he finds him. Thus, if the worker has only 50% vision in one eye naturally and as result of an accident loses the sight of that eye, the employer pays the amount in the schedule for total loss of vision, not for 50% loss. If the employee has cardiac trouble and dies as result of some sudden strain in his work, the employer may be held liable for compensation as in fatal cases, regardless of the fact that the injury only caused an aggravation of a pre-existing condition. In the absence of any other provision, if a one-armed man loses a second arm in an industrial accident he would receive compensation for permanent total disability from the employer who had hired him in the one-armed condition.

Such principles of construction and such rules in the statutes have created a strong tendency to discriminate against disabled persons, both those with dismemberments and limb impairments as well as those with chronic pathological conditions. Many employers have instituted physical examinations of prospective employees and have ruthlessly weeded out all who were below standard. The extension of the compensation act to include occupational diseases has still further accentuated the disposition to discriminate because the chance of a combination of disabilities which would cause permanent total disability has been thereby increased.

Removing causes for discrimination.—On the other hand, several attempts have been made to modify compensation acts so as to remove the reasons for discrimination. The first of these was inclusion of a provision to the effect that if the employee received an injury which of itself would only cause permanent partial disability but which combined with a previous disability would in fact cause permanent total disability the employer should be liable only for the permanent partial disability caused by the subsequent injury. This takes care of the clear-cut case

of a combination of permanent partial disabilities which might cause permanent total disability.

The special fund plan.—After a time it was felt, however, that the clause, while it accomplished the protection of the employer went too far in leaving the employee without protection. Accordingly a plan was devised whereby the employer retained the protection he had received but a method was found of still giving permanent total compensation to the employee. This was done by raising a special fund through payments into the state treasury in cases of death without dependents. The employee was to be paid the remainder of permanent total compensation out of the special fund. New York led the way and similar action was taken by Massachusetts, Minnesota, North Dakota, Ohio, Oregon, Utah and Wisconsin.

At first only the sum of \$100 was collected in each case of death without dependents and it was thought that this would create an adequate fund. Calculations had been made which indicated that the number of second injuries producing permanent total disability was very small. Chief among these was a calculation by Carl Hookstadt to the effect that in any one year there were only thirty-nine second major disabilities in all the forty-one compensation states, in industries covered by the compensation laws. He estimated ² the additional cost of a plan similar to the New York one as 3/10 of 1%.

Funds at first too small.—Experience soon showed, however, that some factors had been overlooked. Discrimination against employment of crippled men in the past had operated to prevent a normal exposure and there was the additional element that claims against the second injury funds were defended only by the state, not by the private employer or insurer. There was therefore a tendency to greater liberality. It was soon found that the number of second injuries producing permanent total disability was several times the number estimated. The

² Bulletin 273, United States Bureau of Labor Statistics, p. 354.

second injury funds were threatened with bankruptcy. New York, therefore, raised the amount to be paid into such fund to \$500 in each case of death without dependents. Other states have taken similar action, depending somewhat upon the size of the permanent total payments.

The Wisconsin plan differs from the New York one in raising the money for the special fund in a different manner. Instead of payments in cases of death without dependents, payments are made in each case of the loss or of the total impairment of a hand, arm, foot, leg or eye. The theory of this is that the cost of the second injury fund is thereby being placed upon industries in which serious impairments and dismemberments happen rather than on the industries which have the greatest number of fatalities.

State coverage for sub-standard workers.—It is clear that the two provisions just discussed, the one exempting the employer from paying compensation for anything but the second injury itself, and the one giving the remainder of the permanent total compensation out of a special fund, have taken away from the employer a part of the risk he assumes in hiring a sub-standard worker and at the same time have protected the worker. There remains, however, the feeling that the sub-standard worker is more liable to injury than the normal worker and that therefore even the part which the employer has to pay is greater in connection with the former than with the latter. There are also the cases where an aggravation of the pre-existing condition is such that it cannot readily be separated, and the employer is required to pay for the entire condition of disability that results to the worker. No effective method of dealing with the issues thus raised by an insurance plan has as yet been found. It has been suggested that some definite system for declaring certain workers to be sub-standard and for having the state carry the insurance on all in this group would completely solve the problem. No detailed plan has been worked out and no attempt has as yet been made to give the idea a trial.

Supposed discrimination by insurers.—Discrimination against the employment of handicapped persons is still one of the great drawbacks charged to the compensation acts. Even where no definite actions can be traced, a vague, general idea is held by numbers of employers that insurance rates under the compensation act will be raised if they employ the disabled and also that their accident experience will be higher. Very little foundation exists for either idea. In many states the regulation of compensation insurance rates is such that discrimination because of the presence of handicapped persons would be impossible. Minnesota has a separate statute explicitly forbidding such discrimination in insurance rates on the part of any compensation insurance carrier. Other states have covered it in the general statutes regulating rates, and still others are able to do it through the administrative authorities.

As a matter of cold fact, no disposition has been shown by the national rate-making authorities in workmen's compensation to consider such an element in rates, nor has the idea that the presence of handicapped persons makes for accident frequency any statistical foundation. It is at the best a mere surmise. As a guess it should be completely offset by the observed fact that large numbers of handicapped persons are more careful in their work habits than others. Such discrimination as has been made by insurance companies has usually been due to the misguided zeal of local underwriters.

Waivers and elections not to be bound.—In one of the few instances that has come under the observation of one of the authors the discrimination took the form of the suggestion by the underwriter that the insured had better get the handicapped employee to elect not to come under the act. Such a device would of course be possible and in fact it has at times been suggested that it would be well for compensation acts to include

a provision which would facilitate election not to come under the act on the part of handicapped persons, or a complete waiver of both compensation and damages. This would have the serious effect of leaving disabled persons without any protection in case of accident. It would be too drastic a remedy.

It is possible at present, in all of the states which have elective acts, for handicapped persons not to be bound by the act. This course still, however, leaves them free to sue at common law and most employers are more distrustful of common law actions that of compensation suits. Only two solutions really seem to be feasible. One is a prolonged and intensive campaign of education to convince employers that there is no extra hazard because of the presence of handicapped persons among their employees. The other would be some sort of plan for having the state carry the insurance on sub-standard workers if a suitable scheme can be devised.

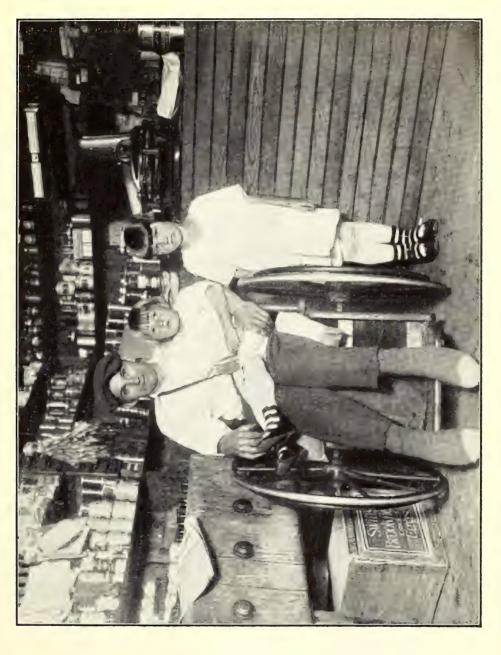
Lump sum settlement.—It has already been noted that the customary method of payment of compensation is in regular periodical amounts. There is a variation of the plan, however, which is of great importance in connection with rehabilitation. When the amount of compensation is quite definite as in the permanent partial cases under the schedule, most compensation acts provide that instead of the weekly payments under certain conditions a lump sum may be paid equal to the present value of the total to be paid periodically. As a rule payment in lump sum must have the approval of the administrative authority.

In the early days of compensation acts lump sums were permitted quite freely and the results were not at all satisfactory from a social viewpoint. Frequently the lump sums were dissipated in an extravagant mode of living. At other times the money speedily went into the hands of unscrupulous real estate salesmen, stock promoters and business brokers. There was only too much truth in the assertion of J. F. Marsh of West

Virginia before the National Civilian Rehabilitation Conference at Cleveland, 1925, that the parable of the Prodigal Son is an early and realistic account of a lump sum settlement and its effects. The only difference was that until the rehabilitation agencies were created there was no benevolent haven comparable with the father's house to which the prodigal might turn after the lump sum was squandered. In the first years of the work every rehabilitation agency had a considerable number of these erstwhile lump sum cases to reconstruct and the task was far more difficult than if the adjustment had been undertaken before the disabled person had had the chance to gather experience in speculative finance.

Rehabilitation agency checks lump sums.—In many states it is now customary for the rehabilitation agency to have as a part of its co-operation agreement with the compensation service an understanding that applications for lump sums in permanent partial cases are to be referred to it for investigation and recommendation before approval is given. There are two excellent reasons for such an arrangement. The first is that if the lump sum is desired in order to buy a business or to engage in any enterprise of a vocational nature the rehabilitation agency has a greater acquaintance with values in these fields and from its experience is in a good position to pass upon the merits of the proposal. If, on the other hand, a lump sum is desired to pay off a mortgage on a residence or for similar things, it is proper to determine whether the money is not more needed for maintenance during rehabilitation.

Only in the event that the occupational readjustment of the injured man is reasonably assured should a lump sum for non-vocational purposes be allowed. The service of the rehabilitation agency in assisting the Industrial Commission with lump sum cases ranks among the most important that it can render. A close interrelationship of the work at this point in many states



WORKMAN WITH INJURED SPINE, CONFINED TO WHEEL CHAIR, WAS REHABILI-TATED IN STORE-KEEPING BY PENNSYLVANIA BUREAU. SEE APPENDIX B.4



will eventually eliminate or reduce very greatly the number of ill-advised lump sums.

Lump sum combined with trusteeship.—An interesting modification of the lump sum plan has been followed in some states and is no doubt possible theoretically in a number of the others. It consists in exceptional instances of creating a trusteeship. The compensation is paid in lump sum to a trustee who thereafter pays it out in accordance with orders of the Industrial Commission which are based upon the exigencies of the rehabilitation plan. In some states the trustee must be a bank or trust company. In others, such as New York, the rehabilitation agency may be named directly as trustee.

Illustration of trusteeship.—As an illustration of this type of case an instance in Minnesota, mentioned previously in another connection, may be given:

R. L., 30 years of age, a man of family, was employed as a machine operator in a factory located in a small town. His right arm was caught in a belt and torn from the shoulder. On account of his age and his limited education it was clearly not feasible to give him a difficult course involving much book study, nor was it desirable that he should leave the town where he and his family had always lived. He owned a small home and a tract of land on the outskirts of the town. The plan that was finally adopted was one of giving him training in poultry-raising by correspondence and utilizing his compensation to finance the enterprise as he was learning.

Special retraining compensation was secured for him in periodical payments and his regular compensation, amounting to several thousand dollars, was paid in lump sum to the local bank as trustee. The bank was then authorized to pay a stipulated monthly amount to him to supplement the retraining compensation. As occasion arose for improving the house, buying additional equipment, adding to the poultry, and similar things

the industrial commission was advised by the rehabilitation agency and issued special orders to the trustee. At the close of two years the man was completely rehabilitated. In view of the prudence and sense he had shown in his affairs, the rehabilitation agency recommended the dissolution of the trust, and the sum remaining was turned over to the client to do with as he saw fit.

Better reporting of accidents desirable.—The importance of the existence of the rehabilitation movement and its demonstrated possibilities upon the future development of workmen's compensation should be very great. It gives a new criterion by which many features of the compensation act may be gauged. Its effect is being felt first in connection with the reporting of accidents. Compulsory reports by the employer or insurer are a feature of every compensation system. They have been of great value to the rehabilitation work in giving detailed information as to one group of persons needing readjustment. Notwithstanding the compulsory feature, the reports have in many states fallen short in promptness and definiteness. It is very desirable for the rehabilitation work that reports should be received at an early stage and that the existence or probability of a permanent disability should be noted as soon as possible. The earlier the rehabilitation worker can make contact with the disabled person the greater the service he can render in promoting reconstruction. The needs of the rehabilitation work will therefore be an incentive to administrative authorities to insist upon faithful compliance with the reporting feature of the law.

Improvement in medical service.—Another point on which rehabilitation will furnish an added argument for improvement in compensation acts is the medical provision. The exigencies of the rehabilitation work demand an adequate medical service, and prosthesis, or the furnishing of artificial members, is a logical part of such service. In this connection it should be noted that an over-readiness on the part of the state to provide therapeutic care and artificial members out of public funds such as those of the rehabilitation work might conceivably operate to prevent the proper development of the compensation act. Workmen's compensation is a burden placed upon industry. The tendency should be to make this burden uniform in the states so that employers are on an equal competitive basis, rather than to assist employers in one state with public funds and in another state to place the full burden upon them.

Reaction on permanent partial schedules.—A further reaction of rehabilitation will probably be seen in future revisions of methods of permanent partial compensation. The rehabilitation agencies are accumulating a very great amount of data on the occupational results of the various disabilities. If it is desired to make the permanent partial schedule a scientific thing, it will not be necessary to rely very much upon conjecture, as accurate information will be obtainable. Before very long some definite modifications in the schedule plan will be indicated by the rehabilitation experience. It is probable that a study would even now show justification for the New York variation on the schedule for fingers by which an additional percentage is allowed in the case of the loss of two or more digits or portions thereof over the sum of the amounts allowed for each of these injuries separately. The clause under which this is done reads as follows:

"Compensation for loss of two or more digits, or one or more phalanges of two or more digits, of a hand or foot may be proportioned to the loss of use of the hand or foot occasioned thereby but shall not exceed the compensation for loss of a hand or foot."

This is in line with what seems to be the experience of the rehabilitation agencies that any injury which disables two or more digits has a very serious effect upon the earning capacity and that an impaired hand in many occupations is hardly considered any better than a missing hand.

Encouragement of rehabilitation must control.—In general, methods of compensating permanent disabilities, both those of the partial and total nature, will be judged according as they encourage rehabilitation or have a tendency to discourage it. Thus far in the experience of the rehabilitation workers it seems to be the consensus of opinion that a definitely fixed compensation encourages rehabilitation while one which will be modified if the worker is readjusted tends to discourage effort on his part.

In states which have not as yet become careful in the granting of lump sums, the rehabilitation work will bring out more clearly the need for caution. Eventually the principle should win general adoption that no lump sum should be granted unless it appears that it will not have a harmful effect upon the plans for restoring the worker to industry.

Insurers must have service ideal.—Rehabilitation will also furnish a criterion by which the moot question of the most efficient system of insurance may be determined. That system which promotes rehabilitation will have an additional point in its favor. In the early days of the rehabilitation work some of the insurance companies suggested that it would be well if the compensation laws gave them a financial incentive to promote rehabilitation, in other words, if compensation could be reduced if rehabilitation were effected. The objection to this was the one that has been noted that reduction in compensation tends to discourage the undertaking of a readjustment process. Nevertheless, the insurance companies still have their incentive to further rehabilitation so far as they are engaged in competition to show which can render the best service.

Many, especially of the larger companies, have not been slow to grasp the idea. It has been the experience of not a few states that a number of the insurers have shown a commendable zeal in reporting cases, in furthering physical restoration, in offering suggestions as to a suitable retraining plan, and in otherwise conforming their compensation dealings to the needs of the rehabilitation service.

QUESTIONS

- 1. From a social standpoint, what is the theory which lies back of workmen's compensation laws?
- 2. What implications inhere in the feature of medical care provided in these laws?
- 3. Why should there be a definite schedule of compensation appropriate to the various injuries and impairments?
- 4. Discuss the relationship of the "retraining period" in compensation acts to rehabilitation.
- 5. Why include compensation for occupational diseases under these laws?
- 6. Need so-called "second-injuries" give rehabilitation workers much concern? Why?
- 7. To what extent do employers discriminate against disabled workmen when recruiting their forces?
- 8. Discuss the dangers as well as the benefits of "lump sum settlements."

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CHAPTER XVI

MAINTENANCE DURING REHABILITATION

"How will the disabled person maintain himself during the period of training?" is the question frequently asked by workers and others interested in the problem. Frankly the question is not easily answered. Nor can it be dismissed by saying that it is a matter for relatives of the disabled, or for the community of which the disabled one is a resident. The problem is before the rehabilitation worker and must be faced. In the previous chapter the situation, whereby some disabled persons were provided maintenance through the provisions of the workmen's compensation laws was discussed thoroughly. But such maintenance would obtain only in instances of workmen covered by that law. There is a large group, on the other hand, who must obtain their maintenance from some other source, i.e., those with congenital physical handicaps, those disabled by disease and those whose injuries do not come under the compensation acts. The compensation cases are normally not more than a fifth or a fourth of those which come to a state rehabilitation agency.

Plight of the handicapped without maintenance.—An illustration of the difficulties in this situation was made by Robert H. White, Director of Civilian Rehabilitation in Tennessee, at the first national conference on Vocational Rehabilitation in St. Louis in 1922.¹ "Tennessee exempts from the provisions of the workmen's compensation law all agricultural workers, domestic servants, those engaged in interstate traffic, coal miners, all employees of state, county and municipalities, as well as em-

¹Proceedings of the First National Conference on Vocational Rehabilitation, Federal Board for Vocational Education, p. 121.

ployees in industrial establishments employing less than ten persons on a full-time basis. An employee injured on a farm, in a country sawmill, or a small-town ice factory, receives no compensation from the workmen's compensation act. Furthermore, that larger number of disabled persons—those who are crippled by disease or congenital defects—are without compensation of any sort. As a rule, the families in which there are disabled persons are generally the poorest families in the state. Their resources have been strained to the narrowest margin on account of sickness, hospital confinement, surgeon's bills. nurse hire, and non-productivity of the injured member. When these conditions are faced squarely it can be seen readily that the payment of tuition and the purchase of books and tools mean comparatively nothing to such persons. The offer of the state and Federal governments to provide for tuition, books, and tools is about the equivalent to saying, 'Here, my one-legged, illiterate farmer boy, the state, your national government, and society as a whole are interested in training you for a successful vocation in order that you may take your stand as a useful member of society. For each dollar necessary to train you for this vocation, you put up 90 cents and the responsive national and state governments will generously donate the remaining dime."

Public fund is easiest solution.—Then Mr. White goes on to point out that, according to records in his office, only one out of twenty with whom contact has been made is able financially to pay for his living during the time of training. The situation described by Mr. White is probably an extreme one, but to some extent it would be true in every state, and it illustrates the ineffectiveness of provision for rehabilitation if no means are at hand for caring for maintenance.

Plainly the easiest solution of the problem would be a maintenance fund under the immediate control of the authorities who are administering rehabilitation. This would avoid delays and would keep the provision for assistance well co-ordinated with the conduct of vocational re-establishment. Such a solution was adopted by a number of the states in the early days of rehabilitation legislation.

Example of New Jersey.—New Jersey was the first example of this. Its law gives the rehabilitation commission power "to provide maintenance costs during the prescribed period of training for physically handicapped persons registered with the commission, provided that when the payment of maintenance costs is authorized by the commission it shall not exceed ten dollars per week and the period during which it is paid shall not exceed twenty weeks, unless an extension of time is granted by a unanimous vote of the commission."

As the New Jersey work has not gone into the training side very extensively, there has not been much occasion to use the maintenance feature. The report 2 for the year ended June 30, 1924, does not mention any payments for such a purpose. It states that all but two of the forty training cases were enabled to earn while learning. Later it mentions that financial aid was "procured" for 119 rehabilitation cases, which presumably means that the assistance came from other sources than the agency's appropriation. It would therefore seem that New Jersey, although having a special maintenance fund, has found it more expedient to solve the problem in other ways.

Experience in Pennsylvania.—Pennsylvania was the second state to adopt the special maintenance provision. The language is much the same except that the maximum amount is \$15 per week and the authorization by the chief of the bureau must have the approval of the governor. As to its operation Mr. Riddle, the chief of the Bureau, said in 1922 at the St. Louis conference on industrial rehabilitation: ⁸ "In a great number of cases that we are training living maintenance is not quite so vital as might

Annual Report of New Jersey Dept. of Labor and Rehabilitation Commission, July 1, 1923, to June 30, 1924, p. 59.

⁸ Op. cit., p. 112.

be presumed. . . . Our adjusters plan as if we had no maintenance fund." In a very recent article he states that up to November 1, 1925, covering a period of 4 years and 10 months, the bureau had paid maintenance for 281 clients, and was then paying it in 61 cases. In both New Jersey and Pennsylvania there is no limitation of the special maintenance to the noncompensable cases.

Methods followed in New York.—The next state to include an authorization for maintenance during training was New York. As the act also amended the compensation act to allow special compensation during training, the general provision for maintenance was limited to non-compensable cases. Again the language follows the earlier New Jersey Act, and the maximum amount and initial period are the same, \$10 and 20 weeks. An extension can be given by a unanimous vote of the advisory commission. In response to a recent inquiry, Dr. Little, the director of the bureau, avers that maintenance for non-compensation cases has been found quite necessary. The money, he says, is used prudently and the same principles are applied as in family case-work for granting relief. "It is something," he adds, "to be used with wisdom and discretion in a constructive plan." During the year ended June 30, 1925, maintenance under the general provision was granted to 81 trainees.

Other special public funds.—Wisconsin followed the example of the preceding states and made provision for the payment of as much as \$20 per week for not to exceed 20 weeks, with a possibility of extension by unanimous vote of the board. The reports 5 do not state how many cases were assisted, but the amount spent for the purpose in the first year of the work was \$1577 and by the third year it had increased to \$2517. Both

⁴Annals of American Academy of Political and Social Science, Vol. CXXIII, No. 212 (January, 1926), p. 223.

⁵ Bulletins Nos. 5 and 7 of the Wisconsin Board for Vocational Education.

published reports stress the need for this fund and urge a larger appropriation on account of it.

Other states which have special maintenance funds created by statute are North Carolina and Wyoming. In the former instance it is limited to \$10 a week for 20 weeks and in the latter to \$10 a week for 40 weeks. The Wyoming law is based upon the utilization of the surplus of a fund raised by general taxation for the administration of the compensation act. The North Carolina fund was described in 1922 by Mr. Stanton, the supervisor, at the St. Louis conference 6 as being "very small, only \$5000." He said further, "We have so many services to perform that I do not believe we should be called upon to solicit funds. We feel that it aids us greatly, the small fund we have."

Advantages of the special fund.—Most of the reasons given for the special maintenance fund under the rehabilitation agency are in reality reasons for the availability of maintenance in general. They would to a great extent be satisfied by other plans also. The peculiar argument for the provisions just discussed consists in the readiness with which the funds may be secured and the facility with which the financial support may be adapted to the varying circumstances that arise during the training. There is less likelihood of embarrassing gaps in the treatment of the case, periods of maintenance without training, and of training without maintenance.

Massachusetts adopts modified plan.—On the other hand, the plan has been given formal consideration by one state and definitely rejected. Massachusetts in 1922 appointed a special commission to inquire into the subject. It reported against the plan and at the same time urged more intensive development of the possibilities of placing the handicapped in employment. It then recommended ⁷ "a system of co-operation between the

^{*}Proceedings of the First National Conference on Vocational Rehabilitation, p. 114.

Quoted in Yearbook Federal Board for Vocational Education, 1923, p. 424.

department of education and the department of public welfare, so that rehabilitation aid may be profitably given to persons actually in training when the effort and progress of the trainee warrants such aid, and when a report made to the department of education by the department of welfare shows adequate need for it." The system of co-operation was put into effect August 21, 1923.

Apparently the Massachusetts plan is only one remove from the others, for a fund seems to be provided which is administered by another department on recommendation of the rehabilitation agency. The bulletin of the rehabilitation service states: "Applications for rehabilitation aid should be made to the rehabilitation section on blanks furnished upon request for the purpose. . . . When the Rehabilitation Section is satisfied as to the need of rehabilitation aid in those cases it will determine upon the amount of the payments to be made and the duration of the period they shall continue."

Objections to special maintenance fund.—Against the establishment of a special maintenance fund under the rehabilitation agency the following objections have usually been urged:

- 1. The provision of maintenance is essentially the granting of relief. Rehabilitation officials are not as a rule trained in the principles of relief-giving, which is a difficult art in itself.
- 2. Attaching the relief idea to the rehabilitation service tends to give the whole service the aspect of public charity, instead of the educational and industrial welfare measure which it is usually represented as. A stigma will therefore arise which will keep away self-respecting applicants.
- 3. Disabled persons of the chronic pauper and malingerer type will apply for training simply to get support and will protract training as long as possible for the same reason.
- 4. A tendency will exist for all training cases to become maintenance cases. When one person in training finds out that

Bulletin of Massachusetts Dept. of Education, Whole No. 157, p. 6.

another is receiving maintenance he will apply for it also, and it will be difficult for a public agency not especially organized for applying a poverty test to show reasons for its discrimination.

- 5. On the practical side it adds one more item, and a large one, to the rehabilitation expenditures, and makes it just that much harder to secure an adequate appropriation for the entire work.
- 6. It is an extension of the public relief principle, and is therefore open to all of the historic objections that have been urged against public relief.
- 7. In a considerable number of states it would be unnecessary as existing measures, public and private, can take care of the situation, or could with very little modification.

Mitigating considerations.—To offset the second and sixth objections it might be said that more recent experience, especially in the Middle West, has shown that public relief can be administered on scientific lines and that stigma need not attach to it. It might be less likely to be viewed as charity if administered by an education department than by a public welfare department. Then, too, the fact that the maintenance is connected with education and contingent upon it offers both a test and a safeguard. Most of the chronic dependents will not make the pretense of taking training and if they do, their good or bad faith can be readily discerned. The method has not the dangers of outright relief. As regards the seventh objection, the point of lack of necessity will obtain only if the field is properly covered in some other fairly complete and adequate manner. An indefinite reliance upon organizing the maintenance in each individual case is too apt to reveal a tragic gap in the system here and there.

Utilization of public relief system.—In many states the alternative to a special maintenance fund is the utilization of the existing public relief system. These vary greatly throughout the country, both in the form and the efficiency of administration.

As to form, Gillin says, "Ordinarily, the administration of out-door relief in the United States is in the hands of county officials, but no exact uniformity prevails. In some states, township, county, city and state officers give outdoor relief." A few of the states have abolished outdoor relief entirely. In those where it is given it ranges all the way from a grudging allotment of niggardly sums on an arbitrary basis to friendly and intelligent help.

Best type of public relief illustrated.—In the main, it is in the newer states and the sections predominantly rural in character, where the neighborly spirit is still prevalent, that the best response is given by public relief officials to an appeal for maintenance in a rehabilitation case. A good illustration of this type is given in the following incident told by a rehabilitation agent:

"'You say, do you, that he lives in the village of E——?'
'Yes,' replied the agent representing the state rehabilitation service. 'Well, let us see what we can do,' was the questioner's brisk remark. This business-like attitude was that noted in a cigarmaker of the community who had been made a county commissioner. The state worker was endeavoring to organize a case of outdoor relief in behalf of a young man, recently married, who had lost a limb and to whom the rehabilitation agency was extending a plan of vocational readjustment. The efforts of the commissioner were all that could have been desired. A plan was effected whereby the county would finance the living expense during a period of training for shoe repair work."

Administration varies in same state.—If co-operation of this sort could be secured at all times, there would be no maintenance problem. The difficulty is that in the same state the officials of a different county may take a wholly different attitude. This is especially true when the county happens to be

^o Gillin, op. cit., p. 151.

a rather poor one. In such situations, also as where the relief is given in a manner to throw discredit on the applicant, or where the client is a young person whose family has always been self-dependent, it is doubtful whether contact with the public relief system is the best thing for the rehabilitation plan.

Plan of court commitment and order.—A suggested piece of legislation which would obviate the disadvantages of the ordinary public relief and yet not be as difficult to secure or operate as a special fund under the rehabilitation agency is one which takes a cue from some of the laws regarding crippled children. It will be recalled that some states provide for court commitment of crippled children, in cases where there are no resources, to some state board which arranges for the required physical care and the charges are assessed against the county of residence or other proper local unit. In Wisconsin an analogous plan obtains with regard to medical care for adults. It has been suggested that the same principle might be extended to vocational training.

The statute, for instance, might provide that in the case of a disabled person without means who required vocational training the probate court could on the recommendation of the rehabilitation service commit to the care of the state agency for training and order the expense of maintenance charged against the county. In the case of a minor the jurisdiction could be placed in the juvenile court. Such orders would be more easily obtained than the average allowance of public relief and being a new device would not have the pauper traditions of the community doles.

Advantages of private help.—Outside the realm of public assistance are the many private sources of help. These have been invaluable to the vocational rehabilitation services. They have in very numerous instances and in almost every state contributed to success in overcoming the maintenance obstacle. In addition,

their connection with cases has been a potent factor in developing employment opportunities and in spreading knowledge of the work.

The executives of some of the state services have favored private help for these reasons. Such a position was taken by W. F. Shaw when supervisor of the Ohio work. At the St. Louis conference on rehabilitation he said: "I rather welcome the challenge. I am glad we do not have a maintenance fund. . . . It can be worked out in the community, and not by using the agencies most commonly called upon. We have a boy who is a Presbyterian. He has been helped by a fund from the Presbyterian Church. It is our job to find them. Work it out locally."

Use of regular welfare agencies.—It should be noted that there are two general classes of private help: first, the welfare agencies that are experienced in dealing with relief matters; and second, the other welfare, civic, and religious organizations and individuals. Where the first class are to be found, there is theoretically a distinct advantage in their use. The rehabilitation service will be responsible only for a tentative recommendation, not for a complete examination of the data involved in granting relief. The welfare agency can determine in accordance with its established principles whether there are resources in the family that should be applied, what the budget should be, and what other sources can be brought to contribute. It is often a very valuable service. The limitation on the use of these agencies is that usually they are found only in cities of some size. Where they exist the rehabilitation service as a rule has little trouble in getting maintenance arranged in cases requiring it.

Difficulties in organizing the maintenance.—With the use of the other type of help the responsibility of the rehabilitation service is more pronounced. It must pass completely upon the whole question of the suitability of giving relief, for the others

Proceedings of the First National Conference on Vocational Rehabilitation, p. 111.

will be relying solely on its recommendation. The same difficulties arise that were noted in connection with a special public fund, namely, that rehabilitation agents are usually not trained in the principles of relief giving, and that there is imported into the rehabilitation inquiry the need for obtaining a variety of data regarding the financial status of the client and his family. In addition, much time is frequently used up in locating an agency or individual that will help. This of course is partly or entirely offset by the value of the community interest which is created.

Fund administered by state-wide private agency.—Another form of private help has been mooted but is not yet represented in actuality. It consists in a special private maintenance fund in the hands of and administered by a state-wide private organization supporting the rehabilitation movement. This may be expected to materialize as such organizations develop. The plan would be free from the objections made against a special fund under the rehabilitation agency and also from some of the drawbacks to the use of private agencies. It might for a time face the danger of being inadequate in amount, but this could gradually be obviated if it could draw to itself bequests and permanent trust funds. It is a plan which is certainly worthy of attention where nothing more available is at hand.

The scholarship idea.—A form of assistance to education which may be public or private and which may be a possible line of development enabling the rehabilitation work to meet the personal maintenance problem is embodied in the scholarship idea.

"A scholarship," says Frederick P. Keppel, "may consist in free, or partially free, tuition in a school where fees are normally charged, or it may take the form of a money grant, which after paying the school fees leaves a margin for the holder's maintenance expenses." It has a further qualification "in that

¹¹ Cyclopedia of Education, Macmillan Co., Vol. V, p. 252.

it gives assistance only to selected children." The last point suggests a scholarship plan particularly applicable to the needs of the handicapped who may be regarded as a selected group because of their disability. "The scholarship system," continues Keppel, "is a direct descendant of the early practice of waiving or reducing the tuition fee in the case of needy students."

Some notion of the growing recognition which is accorded to the usefulness of scholarships in other countries may be gleaned from a statement of an English educator, W. H. Perkins, who says: 12

"An important step taken by the Government has been the revival of state scholarships to the universities, of which 200 were offered in 1924."

In a similar vein a French educator, C. Richard, gives a significant statement regarding the importance of scholarships in his own country: 13

"The sums intended for granting scholarships to meritorious or poor pupils rose to ten million francs in 1924; it is planned to increase this to seventeen and a half millions in 1925."

Precedents for rehabilitation trainees.—American precedents are also quite numerous. In addition to the example of the public and private scholarships in the various colleges and secondary schools of this country, there is the even closer precedent of the public scholarships for vocational teacher training in the state of New York. An official statement regarding these in 1923 was to this effect: 14 "The results of the scholarship plan over a period of three years have served to demonstrate the wisdom of carefully selecting a superior group of trade or technically trained men and preparing them to teach."

With such precedents at hand any attempts to secure mainte-

¹³ Educational Yearbook, International Institute of Teachers' Colleges, 1925, p. 239.

¹³ Op. cit. p. 260.

¹⁴ Yearbook of the Federal Board for Vocational Education, 1923, p. 223.

nance for disabled trainees by the same method ought not to appear revolutionary. Speaking before the Minnesota Conference for the Disabled and the Minnesota Conference of Social Work in September, 1925, one of the authors expressed the thought as follows: "Is it not a possibility of the future that a number of scholarships will be founded for the rehabilitation trainees? Nearly every college or university has provisions of this nature. It ought surely to be possible to extend it to a field where the assistance is needed so much more keenly."

Special loan funds.—Not a few of the clients who come to a rehabilitation service are of a type who are reluctant to accept help which savors of alms, public or private. For these persons a loan would be more attractive and would serve better to retain their self-respect than an outright grant. In some of the states loans have been secured for individual cases, and tentative steps have been taken toward the founding of permanent loan funds.

One of the chief difficulties in connection with loans is to keep the provision as a revolving fund. With most of the disabled a long time elapses before they are so fully established that they can pay off debts, and after every care is taken some will secure loans who have no intention of repaying. It is probable that in the United States private loan funds will prove to operate better than public ones. Unfortunately a debt to the public does not weigh so heavily on the individual conscience as one to a private creditor, nor is it apt to be pressed as consistently. This feeling has probably hindered the development of public loan funds in the states which have made provision for them in their rehabilitation acts.

Loan funds in Europe.—It is interesting to note the extent of the educational loan practice in Europe. "The financial law of June 30, 1923," says Richard, speaking of educational conditions in France, 15 "while maintaining the integrity of the appropria-

¹⁵ Educational Yearbook, 1925, p. 274.

tions already made for scholarships, provided for the establishment of a national office for student loans (prêts d'honneur) which consists of a central administrative board and local committees." This activity is attached to the French Ministry of Public Instruction where it enjoys financial autonomy and the status of a corporation. To show that it is not in a merely passive condition, it will be observed that a subsidy of one million francs was allotted to the activity in 1924. The writer, Richard, indicated that this amount would be doubled in 1925.

"Subsidies may also be accepted," Richard continues, "from local administrative bodies (general department councils and municipalities), as well as gifts and legacies. The office may grant loans to students pursuing higher studies in any public or private institution or to those whose merits are recognized, working independently. Beneficiaries of the fund are granted a period of ten years at most in which to begin repayment."

The enthusiasm with which a plan of this sort is undertaken and promoted in a foreign country may prove an inspiration for similar activity in this country in behalf of the disabled. There is every reason to believe that gifts and legacies with this sort of thing in view might be encouraged by organizations which are formed privately to promote the rehabilitation of the disabled in every respect.

Experience of the Harmon Foundation.—When special loan funds for rehabilitation trainees are being organized, the principles worked out by the Harmon Foundation, 140 Nassau Street, New York, and applied by it in the field of student loans will offer many valuable suggestions. The Foundation, which was incorporated in 1922, owes its inception to Wm. E. Harmon. In a magazine article entitled "Students Who Pay Back," Mr. Harmon 16 states as a basic principle that it is better for a student to borrow than to overwork while going through school. He also thinks that borrowing from an impersonal source which

¹⁶ Survey, Vol. 52, p. 581 seq.

emphasizes the transaction as a business obligation has less of embarrassment than borrowing from friends.

Business principles followed.—The Foundation is granting loans through upwards of forty colleges. Its plan consists in classifying the borrowers of each year as a separate group similar to the practice in life insurance. Each borrower signs an obligation in the form of a note contract for 10% more than the amount of money he actually receives. This premium is held to safeguard the principal of the fund and is taken in lieu of collateral. It can be used only for the purpose of making up defaults in the repayment of loans by those belonging to the same group. When the fund has been repaid with interest at 6% the premium or that part remaining after deducting all losses due to defaults, is returned to the borrowers with interest for the time it has been held. Loans are due in instalments of \$10 per month, and this feature of gradual repayment in definite amounts is considered very important.

The period of one year after graduation is allowed to elapse before instalments are expected, but promptness in meeting obligations is stressed. All borrowers who discharge their obligations promptly and who maintain a good record otherwise are given a certificate of honorary membership in the Foundation, under the theory that this evidence of integrity will prove a valuable business asset.

General conclusions.—The discussion of maintenance again proves how impossible it is to generalize for the entire country on such a subject as rehabilitation. Affirmations that vocational training provision without a public maintenance fund is worthless and that public maintenance funds are unnecessary because private sources can fill the need are equally wide of the mark. The truth seems to be that there is a variety of means for solving the problem and that each state must develop its own plan in the light of its existing institutions and the forms of expression characteristic of its people.

QUESTIONS

- 1. Discuss the possibility of carrying on public rehabilitation of disabled persons, leaving the maintenance question entirely to other agencies, public or private.
- 2. To what extent is Mr. White's illustration an overstatement of the case, if at all?
- 3. Tabulate the points which are not common to all maintenance rehabilitation plans of these states: New Jersey, Pennsylvania, New York, Wisconsin, Wyoming, North Carolina and Massachusetts.
- 4. Why are the objections advanced against the special maintenance fund not sufficient to condemn the practice altogether?
- 5. Discuss the court commitment and order plan of relief in rehabilitation.
- 6. What objections might be raised against a plan of allowing maintenance provisions for the needy disabled to be administered solely by regular welfare agencies?
- 7. What are outstanding merits of the scholarship idea and the special loan fund plan, respectively?

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Pp. 109-114 inclusive and pp. 121-128 inclusive are for the most part general discussions following papers upon specific subjects. These discussions, however, have frequent references to the maintenance question which are very apt.

Educational Yearbook. International Institute of Teachers College, Columbia University (1924). The Macmillan Co., New York, 1925.

Part I deals with educational developments in twelve countries of the world during 1924. Among these are, of course, England and France.

"Student Loan Funds." Harmon Foundation, Inc., New York, 1924.

A pamphlet giving results of a study of student loan funds as well as the principles followed by the Harmon Fund.

CHAPTER XVII

REHABILITATION AND OTHER CASE WORK AGENCIES

That the technique of rehabilitation is based upon the casework method has been seen in Chapter X. It is clear therefore that the work of restoring disabled persons to a wholesome place in community life shares characteristics with many other activities of a social welfare nature.

How much it has in common with these other activities is revealed quickly when one examines some of the definitions that have been made of social case work. A very recent one is given by Porter R. Lee. It is: "Social case work deals with human beings who have found difficulty in the conditions of social life in making their way to acceptable organization of existence. The standards of our civilization do not demand that a man be completely self-sufficient. They demand only that he be able to secure for himself or his family the combination of opportunities, services, and expert advice with whose assistance he can work out what will be for him an acceptable organization of existence." This is as applicable to the rehabilitation movement as if it had been made for it. Again, there is the concise definition by Mary Richmond: 2 "Social case work consists of those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment." It is evident that the readjustment of the disabled is precisely such a process as is

[&]quot;'Vocational Aspects of Psychiatric Social Work," American Association of Social Workers, New York, p. 7.

Mary Richmond, What Is Social Case Work? p. 98.

described here. Finally, let the somewhat more detailed analysis by Karl de Schweinitz be cited: "Whatever processes are followed in helping a man out of trouble, whether or not they consist, as here, in interpreting people to each other and to themselves, in stimulating initiative and in opening opportunity for self-expression, they should all focus upon the task of releasing the individual from the misunderstandings, the inhibitions, and the restrictive influences that block his development, and of encouraging him always to a higher use of his abilities. To help a man in this way is to prepare him for the making of all his adjustments and to set him upon the road to the mastery of the art of living. Let life be ever so exacting, it yields itself to him who is free." No better description of the rehabilitation process could be penned.

Interrelationship of case work.—From all of these definitions it must be patent that the reconstruction work for the disabled is but one of a group of activities known generically as social case work. The other members of the group deal with individuals in other relations or in other phases of their lives. Sometimes the individuals with whom they deal will be the same ones as the rehabilitation agency has served or is serving. Sometimes they will present forces that the rehabilitation agency ought to call to its assistance in dealing with its problems. The lines will cross and recross, and an ever-present and frequently proved interrelationship will exist whether all or none of the agencies wish to recognize it.

Isolating the rehabilitation problem.—Two courses are therefore open to the rehabilitation agency (and equally to the other forms of case work). The results of each course will have to be considered to determine which is the wiser. The first course consists in attempting to single out the rehabilitation problem and keep it alone in mind. The second consists in making at

^{*}Karl de Schweinitz, The Art of Helping People out of Trouble, p. 34.

the beginning a survey broad enough to bring out the existence or non-existence of other problems, then effect a working arrangement with the other agencies that are interested.

It would be safe to say that the first course is not without followers among rehabilitation agencies. Some of the executives have tended to take the position that they have a definite public function, that all they need to do is to ascertain eligibility for rehabilitation, then give it. The fewer the entanglements, the shorter the records, the simpler the procedure, the more will it be in keeping with the ideal of government in a democracy. There has even been at times a faint echo of the Pharisee's prayer in the expressions of some, a disposition to thank God they were not as the typical social workers with their long records and protracted investigations. Of course when any difficulties developed in the conduct of a case, and a particular social agency was indicated as the suitable one to furnish the solution, it was duly called in. It was recognized that certain agencies were helpful in organizing relief, or in securing transportation or in arranging and supervising medical care, but only when the need stood out starkly at the time of the application or at some crisis were they summoned, and then for the especial function itself.

Criterion is client's interest.—In some respects the course seems a reasonable one. The argument as to the proper attitude of a governmental branch is particularly impressive. These disabled persons are in a sense wards of the government. They are entitled to a certain service by reason of being residents or citizens. Why should the administrative body bother about gathering apparently needless information and in some instances taking into consultation, even into partnership in the conduct of matters, one or more private societies? It should not do so; it would not be justified, but for one consideration. That is the good of the ward or client.

The point is well brought out in an anecdote cited by Miss Richmond: 4 "Sainte-Beuve tells of a surgeon in the time of Louis XIV who once said to Chancellor Daguesseau that he wished to see an impassable wall of separation erected between surgery and medicine. The Chancellor replied, 'But, monsieur, on which side of the wall will you place the patient?" It is not at all impossible that the punctilious delimitation of the field of official concern may really not be to the client's advantage. Nor may it in the end really serve the interests of the state best, for time and money may be wasted on training and placement plans that deeper investigation and more intimate relationships with other agencies would have saved.

Recognition of other interests.—The second course implies an early recognition that rehabilitation may be only one of the problems of the disabled person. It rests on the belief that intelligent diagnosis and planning require a knowledge of a considerable number of pertinent personal facts. It may not call for as complete a field investigation as certain other forms of social work, but it seeks as a minimum to secure at the outset the benefit of the data obtained by other agencies. It also seeks to utilize either continuously or at appropriate stages in the conduct of the case the special talents and skills of the other social service workers who have been put into the field by the community for such purposes. Every rehabilitation agency that has followed this course can point to instance after instance where improved results have been secured or where a training plan has been contra-indicated and efforts saved. Believers in the second course therefore have become quite confirmed in it as a method of best subserving the interests of their clients and of the state, and look forward to its gradual improvement through extension of contracts and perfection of team-work devices.

The confidential exchange.—Prominent among the factors which promote a co-ordination of the work of social agencies

ARichmond, op. cit., p. 222.

is the confidential exchange. The plan is in existence in nearly every city of any size. In its essence it consists of a central bureau or clearing house in which is kept a card register of all the families with which the social agencies have had dealings. When a new agency lists a client it sends to the confidential exchange a report with certain identifying information. It is then advised as to what, if any, other agencies have had contact with the same client or his family. No information is given about such previous contacts, for none is on file with the exchange. It simply has the fact of contact listed. agency which receives the information may then, if it wishes, approach the other agency in order to learn what took place during the earlier contact that would throw light on the present situation. The practice used to be to speak of "registering a case with the confidential exchange," but of recent years it has become customary to speak of "inquiring of the exchange." The emphasis is thus laid on the constructive part of the scheme and attention drawn away from the unpleasant connotations of "registration." Undoubtedly many a false impression has been gathered from the use of the older term.

Value of the exchange.—The value of being in touch with the exchange and of acting on the information furnished by it is obvious. In the vast majority of instances it will provide the only means by which an agency may know at the very start whether another agency is interested or has been interested. Thus it will enable the latest organization in the field both to assure itself that it is not making a plan in conflict with the purposes of the others, and also that it has the benefit of the history that the others have recorded. A later inquiry from still another agency may give it the first notice of unexpected developments in the case. Thus the device can mean a pooling of efforts and information not only at the beginning of a case but at almost any point in its progress. It is a form of insurance against uncorrelated and cross-purpose action.

Objections to the exchange.—The objections usually made by agencies who do not use the confidential exchange are two as noted by Miss Richmond.⁵ The first is that their relations to their clients are too confidential. As the exchange gives its data only to the participating agencies, and as the only record it possesses is a mere listing of the family and the contacts. the objection has very little force. In truth it may often happen that the direct inquiry instituted by an agency to get the information that it would have received through the exchange and the participating agencies will spread more widely the fact of its interest in the case than would the other course. The second objection is that the non-co-operating agencies do not deal with relief. But the confidential exchange is not intended simply as a clearing-house for relief-giving. It is being used by those who are engaged in social case work of any kind. Many of the participants have nothing to do with relief, and many of those who give relief do so only as an incident to constructive work. Hence the second objection is entirely without foundation.

Distrust by rehabilitation workers.—Such opposition as has been voiced by rehabilitation workers to listing their clients with the confidential exchange has much in common with the two objections noticed. There is not so much the feeling that the work is confidential, for as a rule it is a public record, as that there is an impropriety about the systematic recording of the applicants for a public service with a private organization. In addition there is the feeling not only that the exchange is mostly a clearing-house for relief, but that it is a registration center for dependents and social misfits generally, whereas many of the clients of the rehabilitation service are self-respecting and self-reliant citizens who would be greatly outraged by being listed in such a category. A particular argument is made in regard to the workmen's compensation cases that form so large

⁵ Mary Richmond, Social Diagnosis, p. 307.

a part of the rehabilitation clientage. For them it is urged that the rehabilitation service is merely an extension of the legal provisions for insuring them social justice, and the probability that there would be interrelations with other forms of social service so small as not to warrant any inquiry. Feelings along these lines were expressed quite strongly at a regional conference of rehabilitation workers in New York City in May, 1925.

Client's good favors use.—As against such stands it should be emphasized that the criterion after all is efficiency. The weight of argument from the standpoint of ultimate good to the client and the state seems to be in favor of the use of the exchange. The rehabilitation agency is warranted in using whatever means make for successful results. There can be no more impropriety about its use of an exchange than about an intensive field investigation. It has a right to know the facts and to choose the best means for getting them. Nor rightly considered is there any stigma attached to a mere notice to the exchange that a certain disabled person has applied for vocational readjustment. Viewed as an inquiry and a precaution to make sure of notice if future developments bring the person to the attention of some other agency it is in every way justifiable. The confidential nature of the exchange, as well as the frequent use by organizations other than those dealing with derelicts, all militate against the notion that a degradation is placed upon the physically handicapped by clearing them through a central bureau.

Nor is there so much force to the protest in regard to the compensation cases. Why take a chance of missing some helpful sidelights in a compensation case? If the state is trying to insure social justice to him, it certainly desires the most careful diagnosis and planning possible for him. No one can tell superficially in a compensation case, any more than in any other case, whether other problems are present or whether there is a previous social case work history that would enlighten. A considerable

Miscellaneous 715, Federal Board for Vocational Education, p. 3.

number of the compensation cases that have come before the Minnesota Division of Re-education have also had previous or subsequent contacts with social service agencies. Individually these disabled persons were not distinguishable from the other compensation recipients, or indeed from many of the other rehabilitation clients.

Use of case conferences.—After the confidential exchange, probably the next most useful plan for bringing about co-ordination is the case conference. This is an occasional and individual matter, however, not systematic and general like the other. It consists in bringing together in connection with a given case representatives of all of the agencies and sometimes also benevolent persons who are interested. A discussion is then had in order to arrive at a plan with as complete knowledge of all circumstances as possible and to reach an agreement as to the part each is to take in the plan. The method is more successful than a mere interchange of information by letter or an informal understanding by telephone conversations between two or three agencies. Points will often be brought out which throw into different relief some of the incidents in the history, and the advice of one representative which would have been quite positive and would have carried strong influence will be greatly modified on hearing the point of view of another. A rehabilitation plan made after such a conference will be much more nearly certain of fitting in with all of the facts in the client's social history.

Two things are important in the conduct of a conference. One is that the responsibility for each step should be definitely understood and accepted by each agency or person chosen for it. The other is that the initiative in the further conduct of the case should be clearly agreed upon. There is always a danger after a conference that one agency will wait for another to act and that there will be confusion as to who has the primary duty in the matter. It is quite helpful to reach an agreement that leadership rests with the family welfare association or the rehabilitation

agency, or the children's society, whichever problem may be considered to be dominant. The case conference is of course not necessary where there does not appear to be any complication, but the number in which special difficulties are present is unfortunately large enough to warrant a very considerable use of the method.

Contacts with family welfare.—The principal agency which frequently has an interest in the same case as the rehabilitation service is the family welfare association, or the organization of kindred nature specialized along religious or racial lines, such as the Roman Catholic and Jewish bureaus. Thus it may happen that the disability of the father of the family is the chief factor in the economic straits which have caused the family welfare association to be called in for counsel. If possible, a permanent or semi-permanent solution of it such as the rehabilitation agency may be able to work out would be the best step. A joint plan by the two agencies would give greater promise of success than attempts by either or both of them separately. A frequent difficulty with rehabilitation plans is that they cover a long period of time, but their value is such that the family agency may well afford to look ahead much further.

Nor is the instance cited the only one in which a joint problem would arise. The handicapped person may be one of the children in a unit in which the case-work agency for families is interested. If the child is of employable age, his or her proper fitting into the economic world would come within the scope of the scheme of service to be rendered. The best interests of the child and the best interests of the family will as a rule be identical. Where there is a divergence, however, sound social principles will uphold the rehabilitation agency in insisting that an enduring solution of the vocational problem of the handicapped child is paramount. Instances have not been unknown in compensation cases especially where the social service agency interested primarily in the family has been strongly tempted to apply an injured child's financial resources to the family's exigencies rather than to the permanent good of the child. The rehabilitation worker feels so keenly the desirability of an early and lasting readjustment for an injured person, and particularly the value of vocational training for the young, that a conflict of views can easily arise. At such times there must be conference and a mutual weighing of fundamental principles.

Not only for the handicapped child of employable age should the family welfare association think of the service of the rehabilitation agency, but also for the child who is approaching that age or who is being kept in school for a time to get a better academic background. No one can give vocational guidance to the disabled better than the agency which is working with them all of the time. If called in early enough, the rehabilitation worker may be able to counsel the family so that an intelligent choice of calling is made for the crippled or impaired child from the beginning and a suitable educational preparation arranged for it.

Study of the interrelationship.—So recent is the rehabilitation work that there have been almost no studies made of the points of contact with family welfare activities. A beginning in this direction was made by Miss Pearl Salsberry, assistant general secretary of the Minneapolis Family Welfare Association, in a paper read before the Minnesota Conference for the Disabled in September, 1925, held in conjunction with the State Conference of Social Work. She based her conclusions on a study of about 40 case records in which a handicapped person figured. Her general deduction was that more intensive work was desirable in connection with the disabled, and better and closer team work between agencies. She set forth seven specific conclusions.

More intensive work needed.—The first of these was that social workers need a clear understanding of the community's resources for the retraining of the handicapped. That the state agency would undertake a readjustment in any occupation that

was suitable was frequently not appreciated by the case worker, she found. A disposition to think that only a few lines were feasible or that training facilities were limited at times accounted for failure to call in the rehabilitation service. The solution would seem to be not only better knowledge of the scope of the state work, but also recognition that not the visioning of a definite training plan to be requested but the perception that a rehabilitation problem exists should constitute the situation indicating the need for the intervention of the new public activity.

The second conclusion set forth was that an intensive knowledge of the handicapped person's experiences preceding the acquisition of his handicap is required, including his interest, aptitudes, and social and educational background. This has been accepted from the beginning by the rehabilitation agencies in principle, but the inquiry into the past has rarely been as thorough as desirable for many of the cases. Miss Salsberry illustrated the value of delving into the earlier industrial history by the record of the "G" family. Mr. G was unable to hold his old job because of an injury to his hands. He received a large settlement and lived in luxury and idleness until his money was exhausted. Then he came to the family agency. In the first interview the visitor told in glowing terms of the work of the State Division of Re-education and suggested the possibility of support by the family agency during the period of retraining. Mr. G was agreeable to any suggestions and was all but started on a training course when a wise district secretary delved into Mr. G's history before his injury. He was found to be irregular, insubordinate, and careless of details. He had frequently lost positions. Beside the trade at which he had been injured he had in his youth been fitted for two other occupations for which his injury did not incapacitate him. These discoveries rendered insignificant the disability factor and Mr. G was treated as a non-supporting man rather than an incapacitated one.

Avoidance of forlorn hopes.—As her third conclusion Miss Salsberry placed the recognition of certain combinations of handicaps as so nearly hopeless that with the present social equipment the results are not likely to justify the effort expended. It has often been an object of mild complaint on the part of rehabilitation workers that the cases they received from the social service agencies were the well-nigh impossible ones, the kind for whom an effort was almost a forlorn hope. They have been constrained to undertake such cases not infrequently as a mark of good-will toward their co-operators rather than as an exhibition of their own sound judgment. This expression therefore by a family case worker should be welcomed as indicating the beginning of a true appreciation of the possibilities and limitations of rehabilitation. Miss Salsberry cited in support of her point the instance of a negro who had a physical handicap and in addition was 65 years old. "Granted one, or even two handicaps," she said, "he might have a good chance of industrial rehabilitation, but the three handicaps (disability, age and color) have been thoroughly discussed and it has been the decision of the case worker, the retraining agency and the family that the incapacities are too great."

Interchange of information.—The fourth conclusion is a familiar tenet in the creed of the rehabilitation worker, that the training program should be based on interests, aptitudes, and the chances for successful placement. It gains its force as an additional argument for a more intensive study of the disabled person's history and for greater team work between the rehabilitation service and other social service agencies.

For her fifth conclusion Miss Salsberry urged a plan of constant interchange of information between the family agency and the rehabilitation agency. No details were given, but it would seem that such a plan would include communication by letter or telephone of each important step by either agency. In addition it probably should include when the disabled person is in

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training the transmission of a copy of the monthly report of the training institution.

Treatment for temperament handicaps.—The sixth conclusion presented was that a plan of treatment for temperament handicaps should be carried on concurrently with retraining. This might well be expanded to include a greater resort to joint action in persuading the disabled person to take rehabilitation, in effecting improvement in morale, and in removing conditions, temperamental and environmental, that hinder acceptance of a retraining program. The family welfare agencies as a rule are well adapted to support the efforts of the rehabilitation services along these lines because they frequently have similar problems when no physical handicap is present and have need for developing a technique to meet them. Miss Salsberry gave an illustration only of the complication of hampering factors not of the methods adopted for dealing with it. She said: "How can we make Mr. H, a deaf man, understand that he loses his jobs not because he has to have instructions written out for him, but because he loses his temper and insists on his own way? Our impulse is to attribute his temper to his incapacity but we hesitate to accept this causal relation when we find that two normal brothers have the same difficulty in employment and brag that they will not take anything from anybody and are proud of it."

Joint action in placement.—As her seventh and last conclusion Miss Salsberry declared for a responsibility for placement shared by the social service agency and the rehabilitation agency, so that each may perfect its technique of work as the result of experience with successful and unsuccessful rehabilitations. This also will have no difficulty in finding ready acceptance by those in charge of the state work. The rehabilitation service must make every effort to see that its work for its clients results in satisfactory employment. But the placement of a handicapped person is a difficult process and the family welfare or

other case working agency often has special contacts and special clues that will bring about the adjustment when the state activity is unable to do it by its normal methods. The solution will therefore consist in a dovetailing of efforts instead of an assignment to one or the other of the whole task.

Problems in other case work.—While the point of view of a family welfare association was taken in the study above discussed, the conclusions apply as well to many of the other caseworking agencies. A children's society, for instance, will also have wards who require the services of the rehabilitation activity. It is obvious the same principles for co-operative action rather than a policy of divergent and unrelated efforts will be desirable. The rehabilitation agency is best fitted to deal with the difficulties arising from the physical handicap, while the children's society can treat the other social problems and supplement the training and placement plan.

Another activity which partakes of some of the characteristics of both the foregoing social service agencies is the Mother's Allowance work. Unlike them, it is a public instead of a private responsibility. Wherever it is conducted on sound lines, however, it follows the same methods as the others. In some states, a mother is eligible to the allowance if her husband is permanently disabled. Many of such cases are worthy of a survey by the rehabilitation agency to determine whether at least a partial self-support is not feasible. In other instances the family may contain a handicapped child and again early advisement and a training plan are indicated.

Medical social service.—Peculiarly fitted to co-operate with rehabilitation work is medical social service. This is usually organized about a hospital or dispensary. As Miss Cannon states the field: "It seeks to understand and to treat the social complications of disease by establishing a close relationship between the medical care of patients in hospitals or dis-

^{&#}x27;Ida M. Cannon, Social Work in Hospitals, p. 1.

pensaries and the services of those skilled in the profession of social work. It strives to bring to the institutionalized care of the sick such personal and individual attention to the patient's social condition that his recovery may be hastened and safeguarded." It is obvious that here is a service that should articulate very closely with the rehabilitation work, especially as regards those disabled persons who are in hospitals or undergoing treatment. A clear-cut function of medical social service to-day should be to bring every patient who has a permanent physical disability in touch with the state work for the handicapped. Nor should the co-operation end there. In most of the cases better results can be achieved if the two services continue to supplement each other.

Before the days of the rehabilitation movement the task of finding employment for the handicapped was frequently loaded on the hospital social service worker. Miss Cannon devotes a great part of a chapter 8 to its discussion. She thus describes the situation which led to such assignment of the duty. "Doctors in dispensaries and hospitals have long been troubled by the plight of physically handicapped patients. Those with chronic heart trouble return over and over again because after discharge they have gone back to unsuitable work. Others suffering from accidents that have necessitated amputation of a limb, from industrial disease such as lead poisoning, or from other crippling disease, may have had the needed medical or surgical care, but may find self-support apparently impossible. . . . The number of handicapped patients in the hospitals has increased rather than diminished; their need of work is unquestioned. Their physical capacity for some kinds of work is assured; but the problem as a whole has been a most discouraging one." She admits that the solution usually proved too complicated for the hospital social service worker. Now that there is a specialized agency for this task, the medical social service worker can devote herself to

⁸ Op. cit., p. 87 seq.

co-ordinating with that agency, to assisting its efforts, and to attacking the other social problems of the disabled. In her particular province alone of supervising and adjusting the hygienic conditions of the patient and seeing that prescribed treatments are followed, she can be of great value to the rehabilitation program.

Violation of settlement law principle.—Two occasional sources of misunderstanding between other social service agencies and the state work for the handicapped require mention. The first consists in the sporadic violation by the latter of the principle of the settlement laws. Considering themselves as fundamentally educational activities, the rehabilitation agencies have at times given little heed to the question whether a given person helped by them might possibly become a public charge in the community where he was trained. This has been true both as regards persons having a settlement at another place in the state and those whose settlement was in another state. The rehabilitation authorities have not felt bound by the considerations that apply to relief-giving. So far as residents of the state were concerned, this found its justification in the fact that the rehabilitation activity was a state-wide provision and was not tied up with particular local units. In connection with residents of other states or persons whose settlement within the state was doubtful, the Federal money furnished the answer. It was conceivable that one of the intentions of this was to equalize the burden of giving readjustment to the transient. True, whenever a plain case of residence in another state presented itself, that state was requested to, and usually did, assume the burden of the rehabilitation cost. But there has always remained the danger that trainees belonging in other states or other communities would fail to make a success and would meanwhile have gained a settlement so that ultimately they would become a burden on a social or governmental unit on which morally they had no claim.

Question of transportation.—Akin to the settlement question is the other question of transporting or causing to be transported a disabled person to another than his home community for purposes of training. It is clear that in a great many such instances there is no risk. It is just as clear that in some other cases removal from the home environment even for training only is inadvisable. The difficulty comes usually with the persons who seem entirely safe for purposes of training in another locality, but who turn out not to be and later become stranded or get into trouble in the community where training is being given. These cases bring much criticism upon the heads of the rehabilitation workers who have been the prime factor in importing the derelict trainee. Both the difficulties mentioned are not such as can be readily solved by rigid application of principles and further study and conference is needed for the formulation of better guides to action.

Better understanding needed.—In general a much better understanding of each other is necessary on the part of rehabilitation workers and those in other social service lines. The slight attention paid to the rehabilitation movement in the discussions and the literature of social service workers in these recent years is in itself surprising. Physical disability is at the basis of so many social problems that the new method of dealing with it and the new governmental effort should, one would think, be hailed as an exceptionally good portent. According to Dr. Devine 9 75% of the distress which comes to the Charity Organization Society of New York City is caused immediately by sickness. Of similar tenor is the statement in the Massachusetts Report on the Cost of Living, quoted by Dr. Gillin, 10 to the effect that upwards of 4,000,000 persons in the United States are suffering from sickness, one-half of which is unnecessary. Into this situation has come a great new movement with a new em-

E. T. Devine, Misery and Its Causes, p. 54.

¹⁰ J. L. Gillin, Poverty and Dependency, p. 68.

phasis on the prevention and reduction of permanent disabilities and public machinery for bringing about economic adjustment. Assuredly it has such significance that it ought to be promptly greeted and welcomed into the ranks of those who are engaged, in Mr. de Schweinitz's expressive phrase, in practicing "the art of helping people out of trouble."

QUESTIONS

- 1. How is it possible to rehabilitate a disabled person without recourse to some other agency, public or private, for a minimum of cooperation?
- 2. "If the state is trying to insure social justice to him (the disabled person), it certainly desires the most careful diagnosis and planning possible for him" is a statement of the text. To what extent does it typify the case for the confidential exchange in vocational rehabilitation?
- 3. Discuss the importance of the fact that each party to a case conference should definitely understand and accept the responsibility relative to the case which has been assigned to it.
- 4. Why do some individuals, even welfare workers, sometimes, take the view which contemplates vocational rehabilitation as being limited to a few lines?
- 5. How serious is the temperamental handicap in rehabilitation, especially if it exists with a marked physical disability?
- 6. How important is a knowledge of the local settlement laws to a rehabilitation worker?

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Chapters IX, X and XI discuss the interrelation of many forms of case work.

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Chapter XVI has a good treatment of the confidential exchange.

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Karl de Schweinitz. The Art of Helping People out of Trouble.

Houghton Mifflin Co., Boston, 1924.

As mentioned before, this book is very helpful to all who have to effect social adjustments. Chapters VI, VII and X are especially pertinent to the topic under consideration.

Ida M. Cannon. Social Work in Hospitals. Russell Sage Foundation, New York, 1917.

A concise statement of the field of hospital social service.

CHAPTER XVIII

OCCUPATIONAL THERAPY

That writer of lucid prose as well as master of the healing art, Dr. Herbert J. Hall, said a few years ago: 1 "Always it has been known that work, rightly used, is an efficient remedy; that it is needed, sooner or later, to complete the cure of any disabled man or woman. The remarkable thing is that the principle has all at once come into such wide recognition and acceptance and that some sort of occupation is now looked upon by so many medical men as essential as soon as the patient can possibly use his hands." Considered as an adjunct to methods designed to restore the bodily conditions, the treatment known as occupational therapy and the movement fostering it should have been discussed in the earlier part of this book. On the other hand, its part in assisting vocational readjustment would have warranted treatment as a phase of vocational rehabilitation. It has been deemed so important, however, as to require a separate chapter. Just why is it important?

Importance of occupational therapy.—If everything that follows the descent upon a human being of a physical disability were ordered in the ideal manner, the stages would be as follows: hospital care, physiotherapy as needed, occupational therapy, contact with vocational rehabilitation, training or job restoration. Some of the stages would overlap, but the thought here emphasized is that occupational therapy prepares the way for the contact of the vocational rehabilitation worker. That

¹ Herbert J. Hall, Bedside and Wheelchair Occupations, Red Cross Institute for Crippled and Disabled Men, p. 7.

things now are rarely ordered in the ideal manner is "true, 'tis a pity, and pity 'tis, 'tis true." But such a state of affairs merely sets the standard for future attainment. The time must be brought at hand when administration of occupational therapy will be the rule, not the exception. Then the physical restoration will be better accomplished and the vocational readjustment will be started earlier and with better prospects for success. The state rehabilitation agent will cease complaining that he does not get his clients soon enough, for the occupational therapy aide will be his assistant and co-operator in the task. To make this vision a reality a good understanding of the meaning, methods, and mission of occupational therapy is necessary on the part of rehabilitation proponents, social service workers, and the enlightened fraction of the general public that believes in progress.

Early advocates.—Dr. Hall stressed the antiquity of the thought that work has a curative value. This is made specific by Louis J. Haas, who quotes the classic Galen, 172 A.D.: 2 "Employment is nature's best physician, and is essential to human happiness." As showing the acceptance of the idea in the first part of the nineteenth century, Dr. Hall cites Dr. J. G. Spurtzheim, licentiate of the College of Physicians of London and of the Universities of Vienna and Paris, to the following effect in 1836: 3 "Occupation is particularly necessary for convalescents. To that end I propose for them a separate building with workshops for handicraftsmen, with grounds for tilling, and every other sort of occupation and amusement."

The method seems to have been more generally adopted for the treatment of mental and nervous diseases and not to have had much use for others until the close of the nineteenth century. Among the pioneers in adapting the idea to the treatment of convalescents was Dr. Hall. In 1904 while in general practice

² Louis J. Haas, Occupational Therapy, Bruce Publishing Co., p. 19.

³ Herbert J. Hall, Occupational Therapy, the New Profession, The Rumford Press, p. 1.

he began devising means of treating patients by prescribing forms of occupation,⁴ "to regulate life," as he says, "and to direct the interest into objective ways." This was the beginning of the widely known work at Marblehead, Mass. He notes the contrast that he should have developed a "Work Cure" just at the time when the Weir Mitchell "Rest Cure" was at the height of its popularity. The wider use of occupational therapy was a gradual matter for many years.

Rapid spread since war.—With the beginning of Workmen's Compensation it received further extension, but the World War broke out before its full value in the industrial field could be realized. The method received immediate adoption by European countries and by Canada in the treatment of wounded soldiers. When the United States entered the war, it was accepted that this form of treatment would be a part of the recognized therapeutic scheme, and would serve as the stepping stone to the vocational restoration work that was to form the final stage. It fulfilled all of the expectations that had been aroused concerning it. Its use in the military hospitals has led to a considerable extension of it to the civil hospitals and to private organizations dealing with convalescents. Meanwhile it has been taken up also by sanatoria for the tuberculous, and its employment in hospitals for the insane has been further developed.

Definition of Occupational Therapy.—A definition of occupational therapy is quite simple. The accepted one in the opinion of T. B. Kidner, President of the American Occupational Therapy Association, is: "Any mental or physical activity definitely prescribed and guided for the specific purpose of contributing to and hastening recovery from the effects of disease or injury." Dr. Hall does not attempt a sharp definition but merely says: "Put very simply and rather incompletely, occupational therapy

⁴ Dr. Hall, op. cit., p. 43.

⁵T. B. Kidner, Occupational Therapy Statement prepared for General Federation of Women's Clubs,

⁶ Dr. Hall, op. cit., p. 1.

provides light work under medical supervision for the benefit of patients convalescing in hospitals or in their homes." The essential elements would therefore appear to be medical prescription and supervision, occupation by a convalescent, and a therapeutic purpose.

Three stages of therapy.—A classification of occupational therapy into three stages is made by Mr. Kidner.⁷ These are stated to be diversional therapy, handicraft therapy, and prevocational training. The first is described as simple amusements, such as games and puzzles, to occupy the fingers and divert the mind. The second is what is usually thought of as occupational therapy. Definite tasks are assigned, involving the doing of useful things with wood, beads, textiles, clay, metal, etc., for the purpose not only of occupying the mind, but of assisting in the restoration of lost or weakened function. In the last stage the prescribed remedial agents are employed for the distinct and studied purpose of leading up to definite education and training for some industry, trade, or profession.

Other terms used.—Other terms used in connection with the treatment are ward occupations, bedside and wheelchair occupations, and curative workshops. By ward occupations are meant all of the lighter forms of occupational therapy, those that can be given in the hospital. They might fall in any one of the three stages described by Mr. Kidner. Bedside and wheelchair occupations are merely ward occupations that are suitable to certain conditions in convalescence. The curative workshop provides for the heavier forms of occupational therapy. It frequently, but not necessarily, gives the type of remedial work coming under Mr. Kidner's third stage, pre-vocational training.

Ward occupations classified.—A fourfold classification has been made of ward occupations. This view divides them into 8

Kidner, op. cit.

⁸ Ward Occupations in Hospitals, Bulletin 25, Re-education Series No. 4, Federal Board for Vocational Education, p. 24 seq.

entertainment and recreation, self-improvement study, craftwork, and practical work. The first is the same as diversional therapy. The second is apparently not covered by any of the three stages discussed above, but is mentioned by many writers and is considered a legitimate part of the treatment. The third is synonymous with handicraft therapy, and the fourth is in the main but another way of speaking of prevocational training.

Reasons for curative value.—Thus far the remedial value of occupation has been assumed. There are a number of ways of accounting for it. Two fundamental and opposed theories are sometimes given.9 According to one, occupation has therapeutic effects because it takes the patient's mind away from his disability. Under this theory every effort is put forth to make the occupation interesting so that it will absorb the patient's attention very largely, and he will become unconscious of his disability, thereby winning him back gradually to a normal outlook. In the other theory, the disability should be kept before the patient's mind, together with the usefulness of the occupation in overcoming it. The occupation is stressed as a part of the cure, similar to surgical and medical treatment. With the goal of overcoming the disability ever before him, the patient is continually urged to better his record until finally the desired improvement is made. The first theory is the more generally accepted. It has been pointed out, however, that it is largely a question of approach, and that mental attitudes vary so much that the first theory might form the best basis for a given case and the second theory for another.

Dr. Hall's explanation.—Most of the explanations of occupational therapy make much of its negative side in saving from the tedium and harmfulness of idleness. Among those who use this prophylactic virtue as a point of departure is Dr. Hall.¹⁰ He calls idleness deadening to the spirit and disabling to the body.

Ward Occupations in Hospitals, p. 16.

¹⁰ Dr. Hall, op. cit., p. 1.

He makes a comparison with the old treatment of fractures, when the broken limb was kept a long time in rigid splints and often came out of the treatment with wasted muscles or stiff joints. The effects of prolonged idleness on the mind are similar, he says, and occupational therapy is akin to the modern treatment of fractured members, in which the surgeon seeks to secure movement as soon as the inflammation is gone.

The curative effects are brought about, he believed, by three principles which he designated as those of equivalents, immunities, and substitutions. The principle of equivalents is shown when the patient undertakes a task in a field entirely new to him. It has no associations of failure or trouble. He progresses in it until at last he discovers that he has put forth an effort equivalent to that required by his former vocation. He has found a consciousness of power. The principle of immunities has its play in overcoming the sensitiveness of the convalescent. This is especially shown in regard to noise. When the patient comes to the stage where he too is making some of the noise and where his interest is absorbed in the activity, he becomes immune to the noise and soon loses the disposition to indulge in irritation. By the principle of substitution is signified the achievement of occupational therapy in getting the patient to feel such pride in his success in a small way that he forgets his previous failure or disaster in a large way. He is so cheered by making a basket or a flower-pot that he again feels he can produce things. He has been given a will to do. In all, the three principles taken with the accompanying banishment of idleness constitute a plausible philosophy for the mental side of the treatment.

Purposes of the therapy.—Occupational therapy has two chief purposes: 1. to produce a normal mental attitude, and 2. to bring about a restoration of physical function. Most of what has preceded has dealt with the first purpose. It is one of the objectives whether the case be classified as predominantly mental

or physical. With the purely psychiatric application this book is not concerned. It is enough to point out that the distinctive occupational therapy movement has, unlike the official vocational rehabilitation work, decided that it has a mission with the mentally as well as the physically handicapped. It may or may not be an indication as to the eventual scope of the latter activity.

But in the field of physical disabilities alone there is plenty of occasion for the use of the curative work treatment. It is needed to dispel the despondency that overwhelms the worker who has lost a member. It is equally needed by the accident or disease victim who realizes that he will never have the old-time use of an impaired limb. It is vitally necessary for the injured person who has succumbed to, or is in danger of succumbing to. the notion that he never can work again. The experience of the vocational rehabilitation work throughout the country has been that the difference in morale was the determining factor in the success of one case and the failure of another. Frequently no inherent causes other than such a difference in spirit have been noted. Occupational therapy offers the most hopeful method of securing a sound morale more generally. If it were applied sooner, and as the customary thing in serious disability cases there is every reason to believe that a great improvement in vocational rehabilitation results would be noted.

Mr. Kidner quotes a psychiatrist as saying: 11 "Occupational therapy will some day rank with anesthetics in taking the suffering out of sickness and with antitoxins in shortening its duration. The greater part of the distress in chronic diseases is mental, and occupational therapy is, thus far, our only means of dealing with this factor." As a measure of value in healing only Dr. Hall quotes two California physicians, Drs. French and Early, of Los Angeles, in regard to industrial accident cases: 12 "Temporary disability periods in all cases subject to

¹¹ Kidner, op. cit.

¹² Hall, op. cit., p. 41.

treatment in this department have revealed an average reduction of twenty per cent as compared with statistics compiled before this treatment was instituted." Such a result clearly indicates a restored morale.

Use in restoring function.—As to the second purpose, restoration of physical function, the part of occupational therapy is similar to that of other therapies that are intended to bring about movement of the affected member. It is held to be superior to the others, however, because of the element of interest and mental diversion. Thus curative exercises might accomplish the same result, but because of the pain and the monotony the patient cannot be induced to take them conscientiously. With occupational activities it is different, however. Once his interest has been engaged he will keep on striving. Even the drawback that the motion is accompanied by pain will not often deter.

Sometimes the difficulty has to be met in a circuitous way. Dr. Hall tells of a girl who had a bad injury to the hand which caused the fingers to contract. The slightest attempt to move them caused pain. There was even the fear of pain on any suggestion of using them. He finally gave her work to do with the other hand. She got into the habit of using the injured hand to steady her work, and as she learned to control the amount of pain, moved the hand more and more freely, until finally there was recovery.

Types of cases benefited.—Among the types of cases Dr. Hall mentioned as deriving benefit from the treatment are, in addition to injury cases: arthritis cases, paralyses and inco-ordinations of the central nervous system, and cardiac patients. In connection with arthritis he called attention to the possibilities in pulling and carding wool for limbering up stiff fingers. Later the wool may be spun into yarn, and used for weaving or knitting. He pointed out, too, the possibilities of constructive work for spinal cases, even in instances where the trouble was progressive and incurable. He took the position that has sometimes

been taken by rehabilitation agents, that making possible even a few years of comparative usefulness is worth while. There are at least two cases in the experience of the Minnesota Division of Re-education that support his view. In cardiac cases exercise within moderate limits has come to be part of the approved treatment. For such curative work is better than plain exercise with no inherent motive.

Value in industrial field.—So much impressed is Dr. Mock with the value of occupational therapy in the industrial accident field that he suggests the systematic co-operation of factories in providing light work, or even schools and experimental shops for their convalescent employees. In his opinion such a course would shorten the period of disability, promote recovery of function, and improve the caliber of the industry's personnel. All who have had experience with accident cases and have seen the effects of "compensation psychosis" must agree with him. Dr. Mock points to the advantage accruing to the factory from developing foremen, office men with practical background, and skilled workmen in this manner.

He gives a good example from his own practice, the story of C. W., a middle-aged Polish workman, who has suffered severe burns about his right arm, right leg and back. In spite of every treatment given the right knee remained considerably flexed and the right wrist was much restricted in motion. He was induced to report at the factory for light work on the promise of full wages if he did so, and of nothing but compensation (two-thirds of wages) if he did not.

As Dr. Mock tells the rest of the story,¹³ "He was given a light paint brush and a bucket of paint and assigned the task of painting the steam pipes and radiators. In order to do this, it was necessary for him to ascend four steps on a ladder while painting the overhead pipes, then he stood on the floor for a portion of the time and in order to paint the pipes near the floor

²³ Dr. Harry B. Mock, Industrial Medicine and Surgery, p. 551.

he was forced to stoop and bend the knee. At first he persisted in using his left hand in wielding the paint brush but the surgeon got him interested in the game and bound up the left hand so that it was impossible to hold the brush. Naturally he was very awkward during the early days and accomplished very little work, but gradually he began to use the wrist and knee more and more. After one month the knee was perfectly straight and could be flexed or extended at will. It took three months to restore perfect function in the wrist, but at the end of that time C. W. was an expert painter and the management decided to keep him permanently on this job. His wages were increased commensurately with this work, whereas before the accident he had been a day laborer about the power plant earning some \$16.00 a week. He had now learned a trade and for the first time in his life had developed an ambition. When at the end of three months he received his first weekly pay check for \$22.00, C. W.'s Americanization was completed and he began at once planning to buy his own home. Two years later this employee told the surgeon that his accident was the best thing that had ever happened to him."

Use of diversional therapy.—Each of the four kinds of occupational therapy has its uses for different types of patients or for the same patient at different stages in his convalescence. The first, diversional therapy, is the simplest and is used in the earliest stage and for the most serious cases. It may consist, as Mr. Kidner suggests, merely of games or puzzles. Or it may take the form of a very elementary occupation with a diversional side.

Dr. Hall frequently pointed out that the element of amusement or diversion could be attached to many constructive occupations that are very easy to do. He conceded the doubtfulness of the trivial and absurd in a characteristically droll passage: ¹⁴ "If I were a convalescent and anyone were to ask me to make

¹⁴ Hall, Bedside and Wheelchair Occupations, p. 41.

a human face on an eggshell or an animal out of a raisin and some toothpicks, I believe I would refuse with thanks and continue with emphasis, even though my instructor might be a very attractive and plausible young lady." He then illustrated his idea of a diversional tone by citing the toy animals that one of his patients had designed. These may be made with a jig-saw on a bedside bench; or if the patient lacks the muscle, the attendant may do the sawing and the patient may paint them. The animals are not commonplace, but are caricatures. "Imagine the delight of painting with bright red spots," he said, "a purple pig so cleverly modeled that you almost hear him grunt and vet so ridiculously simple in decorative treatment that no one may look upon him without a smile." That light occupations can be given the play spirit, too, by arranging for competition between several patients has been developed by various writers. The proviso is always made that the competition must be so directed and controlled that it cannot become dangerous through causing over-exertion or excitement.

Place of self-improvement study.—Self-improvement study has been found in numerous instances to be a valuable form of occupational therapy when the patient is capable of more serious effort. Dr. Hall noted the benefit to the foreign born in the use of time during convalescence for the study of English and citizenship. Dr. Mock says he found many patients greatly interested in improving their education during the long days of disability. He commends especially studies related to the former job so that the patient will become anxious to return to work to try out his new ideas. The studies that are practicable include all the usual school subjects, from the elementary to the college curriculum. This form of therapy was used extensively by the United States government in its hospital schools for wounded soldiers. A. G. Crane says of its use in this connection: 15

¹⁵ A. G. Crane, Education for the Disabled in War and Industry, Teachers College, Columbia University, p. 43.

"Thousands acquired either better command of the common arts of English communication, or for the first time learned to read and write."

Craft work.—Craft work constitutes the great bulk of what is known as occupational therapy, although as time goes on there is no reason why the fourth kind, practical work, should not develop quite as much. It has been largely a matter of opportunity and facilities. Craft work is possible and desirable for almost all types of cases after the extreme condition where only games and puzzles can be used is past. As has been seen, a considerable diversional element can be carried into the handicrafts. They also have an educational and practical value in addition to their primary purpose of therapy. The educational effect comes through the artistic and cultural content of most of the crafts. They frequently give to those who learn them an insight into principles of design, a feeling for beauty, and a means for employment of leisure time. In doing these things they are accomplishing some of the purposes of sound education.

On the other hand they are practical in that the best forms of handicraft are marketable objects. Most authorities agree that the better the product the better the therapeutic value of the work. Hence the aim has usually been to produce through the handicraft articles of actual value and later to dispose of them for money.

Practical or pre-vocational work.—The practical or pre-vocational work is the finishing stage of the therapy. It is undertaken whenever the patient can give serious attention to the problem of his economic readjustment. It marks the period when the rehabilitation agent should be called in so that a definite future vocational plan may be worked out. The treatment is still subject to the physician's prescription, and the occupational therapy aide supervises whatever is done. The necessity that the curative work undertaken should so far as possible relate

to the future vocation, however, makes it imperative that the service which is to give the training should now be consulted.

Sometimes the handicraft that has formed the previous stage will itself be developed so as to be the best form of practical work for the patient, but this will be true only in a limited number of cases. For the rest it must be remembered that modern industry has left the handicraft stage and that the best preparation will be that which has a bearing upon the kinds of vocations in general demand to-day. The range is very great. Almost anything which has the required outlook, which connects with the calling most suited to the individual, and which is satisfactory from the standpoint of therapeutic value, can be employed.

Possible handicrafts.—The handicrafts which are of possible use are numerous. In practice they become narrowed down by the inability of the occupational therapy aide to be well versed in more than a limited number. The choice then is made of those crafts which are adapted to the greatest variety of therapeutic uses and at the same time have the most practical value. Basketry seems to have had the widest use. This has sometimes been subjected to criticism on two grounds: first, that it has invaded a field which has been one of the few open to the ordinary rank-and-file blind person and has thereby tended to destroy the market; and, second, that it is so easy and so available that it has become the line of least resistance, frequently being used where a little thought would have indicated a far better occupation.

In explanation of the wide use of basketry Mr. Haas points out ¹⁶ that it is the most flexible of all crafts available as a therapeutic occupation for men. He holds that basketry can be used to meet all needs in a way no other craft can. ¹⁷ "First, let it be clearly understood that where funds, floor space, and facili-

¹⁶ Haas, op. cit., p. 26.

¹⁷ Ibid., p. 27.

ties are unlimited, and all types of patients are to be treated, basketry becomes just one of a number of crafts. But wherever funds, floor space, and facilities are so limited that only one craft may be presented, and all types of patients are to be treated, no other craft will be so useful as basketry."

Dr. Hall stated ¹⁸ that in his work at Marblehead he ran the gamut of handicrafts, pottery, basketry, hand weaving, leather work, cement working, metal working, toy making, stenciling, block printing, wood carving, carpentry, etc. He finally concentrated on weaving, toy making, cement working and basketry. He felt that hand weaving and toy making were suitable to almost any community. Other forms that are sometimes used are bookbinding, drawing and painting, hooked rugs, modeling, netting, rake knitting, and string and knot work.

Criticisms of some phases.—The diversional and handicraft activities are probably the most criticized parts of occupational therapy. Such criticism usually centers around the thought that they are trivial and useless. A typical expression is the one which Herbert Corey is quoted 19 as making in describing the German system of re-education of soldiers. "When they have gained enough strength, the training for their future life work is begun. Practical Germany never wastes time on raffia and leather working and souvenir boxes and the rest of the tragic uselessness that the maimed man is too often set adoing. The German theory is that there is no active market for hideously ugly bags made out of knotted cord, or for hand-hammered tin biscuit boxes which counterfeit unconvincingly a silversmith's handiwork. Furthermore, the German theory is that the maimed man realizes this and that the heart is taken out of him by it. If he can do something—even a very little thing—which is of real use in the world he chirks up and is happy."

¹⁸ Hall, Occupational Therapy, A New Profession, p. 45.

¹⁹ Bulletin No. 6, Training of Teachers for Occupational Therapy, Federal Board for Vocational Education, p. 53.

The German theory may have been cut to suit their stresses and circumstances. Any one who has been through the experience or who has come in contact with convalescents will appreciate the need for a gradual approach to the question of future vocation. Diversion and light craft work have proved abundantly their healing value and the argument of uselessness can be met through a wise choice of occupation and through initiation of pre-vocational work at the right time.

Development of practical stage urged.—On much surer ground is the comment of Frederic G. Elton, district director of the State Bureau of Rehabilitation in New York City. He does not repudiate the value of diversional and handicraft therapy but contends that they have been developed out of proportion and to the neglect of the practical stage which is the best approach to vocational re-establishment. He says, 20 "Those of us who are now trying to advance the importance of therapy as a bridge overlapping the physical reconstruction and terminating with the vocational replacement of the person, are endeavoring to find a way in which to arouse the greatest individual interest on the part of the patient in what he is asked to do and at the same time not lose any of its value from the physical restoration standpoint. In other words, we are trying to adjust the matter so that it may run by its own motive power instead of being continually pushed from the outside."

He illustrates his point by citing a hospital which had accumulated a great deal of unmarketable craft products in the occupational therapy department, while at the same time hiring able-bodied workmen from outside to do a very simple piece of work in repairing rubber goods.

Curative workshop.—Mr. Elton is also a strong advocate of the wider use of the curative workshop, as well as the promoter of an outstanding example of its possibilities. The authors are

^{*} Frederic G. Elton, "Relationship of Occupational Therapy to Rehabilitation," Archives of Occupational Therapy, Vol. II, No. 2, p. 104.

indebted to him for the following account of the New York Curative Workshop, which, it is worthy of note, is also an illustration of the correlation with vocational rehabilitation: "The idea of the Curative Workshop developed as more and more cases of injured people were disclosed, who, because of their injury and their despondency arising at once or after they had ineffectively tried to find employment, had so completely lost confidence in themselves that they were both unemployable and untrainable. The back and head cases, arising from industrial accidents, which are so often called malingerers, having developed what is called a 'compensation neurosis' and those others who had a 'charitable neurosis,' formed a very fertile field for patients.

"As the idea of a workshop to accomplish this thing took shape it was realized that here was an opportunity to prove that under the same conditions and the mental stimulus which it afforded, much therapeutic work on stiff joints, muscles, etc., could be accomplished. In other words, by providing the motor activity which originated in the person rather than from the mechanical device which compelled certain movements without any responsible action or co-operation on the part of the person other than to let the machine do its work, we should be able to speed up recovery.

"This, then, was the idea which brought into being the Curative Workshop, which I like to call a real rehabilitation clinic, with accent on the clinic.

"The purpose of such a clinic was to prevent the lack of confidence and the growth of idleness by obtaining injured workers immediately after hospitalization, to cure the neurotic and restore confidence among those injured workers who had been idle for varied lengths of time. This being the purpose, it was determined that since employability was the goal, the method employed must be economic and the work done actual productive work under actual employment conditions. This meant therefore:

- 1. Engaging in a regular industrial job.
- 2. In a regular atmosphere.
- 3. Weekly wages for work done based on actual market value.
- 4. A commercial product. In other words, a necessity and not something in the line of the arts and crafts.

"Owing to the curative features involved, all this had to be applied with due regard to the disability and the characteristics of the individual. This, then, meant the application of practical psychology, a thorough understanding of the mental reaction of the patient, the gradual lengthening of the hours for the individual according to the individual's increasing strength and proper consideration for the physical strength as regards rest periods.

"In the selection of work, in order effectively to carry out these ideas, it was necessary to find something which would make possible an immediate earning ability, that would provide continuous work, that would be a small article, that could be finished in quantity, so as to avoid the possibility of discouragement because of the length of time taken to complete it, and also in order that deliveries could be made weekly of finished goods in order to secure pay for the employees or patients. The scheme does not involve any training and had to be unskilled work. The group that we were considering were so varied in their abilities that only unskilled work would meet the conditions required. Furthermore, even a week of training would postpone the time of actual earning and production and, therefore, would not meet the conditions that we had established as being essential.

"It was found that assembly work on radio and electrical material met the conditions best and arrangements were perfected with various manufacturers to do their assembly work for them. Following are a few of the jobs which the Shop undertook: Tube sockets, binding posts, stator-plates and switches for radio sets, plugs and sockets for electrical appliances, and soldering irons.

These things, and many others, involved a large variety of jobs, such as drilling, soldering, cutting, etc. The workshop completed two years of successful operation on January 15, 1926."

Disposal of products.—The necessity that the therapy activities shall be as practical as possible requires that there shall be some definitely organized plan for disposing of the products. Where the work is conducted in an institution or hospital it is frequently possible to sell a considerable amount to visitors without special effort. When this is not possible and when the work is not housed in one place, a marketing center of some kind must be established, either for continuous functioning or for special sales. Dr. Hall strongly advised a craft-shop for selling the products in connection with every occupational therapy work of any size. Mr. Haas agrees that every effort should be made to market the products, and even approves of taking and filling orders, provided the time element is not introduced and patients are not permitted to feel pressure to take care of the orders.

The occupational therapy aide.—It is an essential of occupational therapy that it is under medical direction. The actual conduct of the work, however, is in the hands of one of the newest of professions, that of the occupational therapist, or occupational therapy aide. This person is not a nurse, nor a vocational teacher, nor a social service worker, but has had distinctive preparation which includes some of the branches required in these other fields. Training in the calling is already given in a number of schools. The tendency has been to enlarge the courses and make them more and more thoroughgoing. A high school education is usually considered the minimum as a foundation, and collegiate study in addition is held quite desirable.

In many respects the medical part of the instruction is similar to that given to nurses. It includes anatomy, physiology, general and mental hygiene, and psychology, together with lectures and demonstrations intended to give familiarity with the most frequently found diseases and disabilities. Acquaintance with

physiotherapy is also held important, as well as some knowledge of the industrial background from which patients come and an understanding of general and psychiatric social service. Of course a knowledge of and skill in a certain number of handicrafts is imperative. Dr. Hall's summary of the qualifications for the profession was: ²¹ "Generally speaking, occupational therapy demands health, energy, an attractive personality, an interest and facility in handicrafts, a desire to serve crippled humanity, and a very special education." It can be seen from the foregoing that the members of this profession should be peculiarly fitted to play a very important part in the general rehabilitation movement.

Opportunities for the treatment.—The opportunities for the practice of occupational therapy in physical disability cases are very numerous, many of them as yet but little developed. Naturally the first place for the introduction of the treatment has been the hospital. It is already found in many hospitals as an integral part of the restorative procedure. There is no reason why it should not be as much a part of the ordinary hospital administration as medical and surgical care or any other curative measure. The ideal was well stated by Dr. Hall ²² when he said the belief that the hospital's responsibility ceases when the wound is healed is fast disappearing, and prophesied that before long "occupational aides will become an indispensable part of every well-equipped hospital in the world." In particular do all orthopedic hospitals and all hospitals which care for any considerable number of accident cases require the treatment.

The same is true for convalescent institutions for these types. A special instance is found in the hospitals and homes for crippled children which are developing with marked rapidity of recent years. Many of the conditions from which these children suffer are reached through occupational therapy better than in any

²¹ Hall, Occupational Therapy, The New Profession, p. 8. ²² Hall, Bedside and Wheelchair Occupations, p. 20.

other way. Even in the public school classes for crippled children it has its place, since a very considerable amount of therapeutic work is properly undertaken along with the educational provision.

Tuberculosis sanatoria have already adopted the treatment to a large extent, finding it valuable for relieving the tedium during the long period of care and effecting frequently a helpful prevocational preparation. Dr. Hall has suggested that the general practitioner could also make use of the method as trained aides become more available. The idea has been but little adopted as yet, probably because of the difficulties in making suitable arrangements outside of an organized system, but it presents an interesting possibility for the future.

Another development which has not gone very far is the curative workshop for the heavier forms of occupation and some of the pre-vocational work. The thought has been that this should be an adjunct of the hospital, but it has lagged far behind the adoption of the handicraft form of the therapy. Nor has Dr. Mock's suggestion that the factories might see fit to install curative workshops fared any better. In time it will no doubt make progress, but it will be chiefly the large industries which will find it practicable.

Application of home treatment.—For the ordinary disabled worker the treatment will have to be received in the hospital or the home. Administration of occupational therapy in the homes can be brought about in two ways, by out-patient service conducted by the hospital and by private organizations outside the hospital such as the visiting nurse associations. A special mission for this home work branch of the treatment consists in restoring the morale and promoting the economic welfare of a much neglected type of the disabled, the permanently homebound or shut-in. Some of the most effective work for this group has been done under the inspiration of the occupational therapy movement. Much use has been made of the toy industry devised by Dr. Hall. The unfinished wooden articles are purchased

from the Medical Workshop at Marblehead, and the patient does the painting and finishing. The market appears to have been very good.

Promotion of the work.—Enough has been said to show that occupational therapy is not exclusively a thing to be confined within institution walls, nor should it rely for its progress upon the gradual growth of an inclination on the part of hospital boards to finance and introduce it. The beneficial purpose is so strong that it may well form part or all of the program of a separate agency. Organizations to promote and conduct occupational therapy exist in a number of cities, and in others it is part of the work of the visiting nurse association or of other societies dealing with convalescents, the handicapped, or the shut-ins, Often the efforts of such organizations succeed in getting the treatment accepted by the hospitals.

Mr. Kidner's short monograph, which has been previously quoted, was prepared at the request of the Division of Public Health of the Department of Public Welfare, General Federation of Women's Clubs. To this organization he points out the opportunity as follows: "Every member of the General Federation of Women's Clubs can help in this work. In many hospitals the physicians would gladly introduce it and outside organizations can often help materially in doing so. In institutions for crippled children a wide field of usefulness has in many places been neglected. Intelligent interest, and in some cases material help, by such a body as the General Federation could accomplish great things in this particular field. There is also great scope for the wider use of curative occupations for the large numbers of persons who are confined to their homes because of their crippled condition or their weakness."

Relation to vocational rehabilitation.—That occupational therapy has many points of contact and many interrelationships with vocational rehabilitation must be evident. Some of these have

already been indicated. A more complete analysis and summary of them would be as follows:

- 1. As a form of physical restoration occupational therapy has the same relation to vocational rehabilitation that other curative measures have. If there is a possibility that the condition of the disabled person may be improved thereby, it should precede any attempt at vocational readjustment.
- 2. Occupational therapy when it comes to be as widely used as it should be will constitute a vast system informed on the importance of the vocational side of life and ready to bring the vocational rehabilitation service in contact with the disabled person at the most suitable time. Therapy and vocational readjustment will be correlated so as to secure the best results for both.
- 3. Occupational therapy frequently brings out aptitudes that give an index to the proper vocation for the disabled person. The information that the aide can supply to the rehabilitation agent merits careful consideration when the stage of advisement is reached.
- 4. The vocational rehabilitation agent in turn should be of much assistance in occupational therapy when the patient is able to undertake pre-vocational work. A tentative decision as to the best vocation will be helpful in determining what forms of pre-vocational work should be chosen.
- 5. Occupational therapy and vocational rehabilitation if carefully co-ordinated may in some cases be identical. In other words the new vocation may be chosen early enough and the content may be such that some of the activities may have curative value also. To illustrate, a mechanic who had lost a hand might find in mechanical drawing a suitable future vocation, and after being guided through the period of discouragement might find training in the new calling the most therapeutic thing that could be devised. Or in the case of a woman with an impaired

hand weaving might be the best curative exercise and might also provide a vocation.

- 6. Cases which baffle the rehabilitation worker because of loss of morale will often call for a co-operative effort involving the intervention of the occupational therapy aide and sometimes even of the psychiatric social worker. Frequently the problem consists in how to convince the disabled person that he is able to work at all or to work so as to produce something salable. The occupational therapist knows from experience how to solve such a problem.
- 7. The two fields almost merge when the problem of the shut-in is approached. This is often a matter of restoration of morale, acquisition of a handicraft, and organization of a market. If an appreciable income can be worked up through the efforts of the occupational therapist, the economic welfare will have been served. Again the situation calls for a joint plan and joint efforts.

Example of correlation.—A concrete illustration of the close interweaving of occupational therapy and vocational rehabilitation can be given from the records of the Minnesota Division of Re-education. A Russian immigrant, age 33, of superior type. who had been preparing himself for forestry, had to undergo the amputation of his right leg because of a disease condition. The distress of mind and discouragement following the operation were very great. The occupational therapy aide directed his interest toward clay modeling and he soon came to give less thought to his troubles. As he improved she arranged for teaching of English also. He quickly learned to express himself very well, so that the handicap of ignorance of the country's language was removed. Soon he displayed marked artistic talent and modeled some plaques that showed notable originality of design and workmanship. The rehabilitation worker was now called in. He agreed with the aide that the talent shown was so remarkable as to warrant development as the man's chief

vocation. When the man had recovered sufficiently he was placed in training with an establishment engaged in plastic architectural ornamental work. His progress here was also rapid. Although the training period has not been completed, he is absolutely assured of employment at a high remuneration, much greater than he had ever thought of earning.

QUESTIONS

- 1. What is the basic idea which lies back of occupational therapy?
- 2. Why did the World War give an added impetus to this field?
- 3. Dr. Hall says that idleness is deadening to the spirit and disabling to the body. Why is this described as a prophylactic virtue of occupational therapy?
- 4. How valuable is this activity in the restoration of a physical function?
- 5. To what extent may occupational therapy lead directly to a reparticipation in industry?
- 6. To what degree should caution be observed in the matter of unusual participation in basketry and weaving?
- 7. What is the outstanding usefulness of the curative workshop?

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PART V DISABLED PERSONS AS REHABILITANTS



CHAPTER XIX

TYPES OF REHABILITANTS

A representative type of rehabilitant does not exist. The farther one searches in the discussions on this subject and such studies pertinent to it as have been made up to this time, the more one is inclined to believe that such is the fact. One authority after the other has reiterated the point, although phrased in language not always identical.

No representative type.—S. S. Riddle of Pennsylvania is in an unusually good position to make certain statements of a general nature because of the number of cases which are handled in a single year in the Bureau of Rehabilitation of which he is the chief. In a recent article 1 he states that 4425 persons had definitely registered with his bureau for rehabilitation up to November 1, 1925. He concludes that he has very little to say regarding type disabilities which might give some basis for a representative type. "For instance," he said at the St. Louis conference,2 "we have vision defects, arm and leg amputations, internal injuries, injuries without limitation. As one able-bodied person may be a better skater than another able-bodied person, just so may one disabled person without one hand or two hands be perfectly eligible for a certain type of employment for which another person with the same disability exactly could not even be considered." The position is so sound when considered in the light of experience and psychology that it would not seem possible to contradict it.

¹Annals of American Academy of Political and Social Science, Vol. CXXIII, No. 212 (January, 1926), p. 222.

² Op. cit., p. 25.

Each must be considered individually.—Then Mr. Riddle adds a statement which is borne in emphatically upon every rehabilitation worker within a short time after he enters the field. It is as follows: "Each rehabilitation case presents its own physical, economic, training, and employment problem, and must be considered individually in the light of all factors affecting it for complete success of a rehabilitation program." He adds significantly, "Mr. Delfino, one of our blind co-operating agents, has said that a blind man could do anything but paint a picture." The points made above by Mr. Riddle were illuminated by cases in which two were illustrations of the blind, one was a skull fracture, four were a one leg disability, one showed both legs disabled, two had hand disabilities and one indicated fingers disabled. All of these, in their analysis, give little suggestion, if any, of a type disability.

Suggestions of a norm.—Dr. R. M. Little of New York, speaking before the National Conference on Civilian Rehabilitation in Washington in 1924 on the topic "The Norm in Rehabilitation," made a tentative suggestion of a young man who had lost a leg or arm as presenting many of the elements of a norm. He put the thought as follows:³

"So, coming back to the norm, what is it? The original conception was limited to the physical handicap of industry. Later, we added to this the conception of the physical handicaps of public life also. We must be able to serve all those productive citizens who, by accident or disease, have been kept from, or have been turned aside from, entering our economic life as normal workers to earn their own way, to eat their own bread, to live their own lives, to bear their own burdens; and in whose cases there is just the impediment of a physical defect, the overcoming of which, by additional skill or training, will enable them to engage in occupations upon practically the same condition and income as are the normal, not the sub-standard, but

^{*}Bulletin 93, Federal Board for Vocational Education, p. 28.

the standard workers of the country. That is really the direct aim and objective of this rehabilitation service.

"I consider the following to be a typical normal rehabilitation case: A young boy, 19 years of age, was working outside a paper mill one winter day, and he slipped upon the ice. He happened to be near the carrier at the time, and he was caught and his left leg was so twisted and torn that it was necessary to amputate it a few inches below the hip."

Earlier in the same address he had referred to a young structural iron worker who had suffered a loss of use of the arm as falling within the norm.

Types excluded from the norm.—Elsewhere in discussing the subject Dr. Little enumerated several types of cases which he felt did not represent the norm. Among these he names the "shut-ins," "the badly twisted and distorted poliomyelitic and rheumatic cases, the large number of those who by dreadful misfortunes have become so totally incapacitated physically for the normal activities of life." In the same group of ineligibles for the "norm," Dr. Little would place old men hopelessly disabled, incapable of return to vocational usefulness. Worthy as all these types may be of attention, of consideration and of sympathy by all people who are able to carry the burdens of the world, still in Dr. Little's opinion, they scarcely represent the type for whom rehabilitation is most effective. He makes it eminently clear that in expending the people's money for rehabilitation of the disabled, it is possible to go astray and spend too much time and money upon certain disabled ones who have but little claim after all upon the service of that agency.

He adds quite significantly, "From the point of view of developing a norm that shall govern and guide us in this rehabilitation service, we shall need to be as wise as serpents and as harmless as doves." He said finally that one cannot take any one illustration and say that it is absolutely the norm, but that one by several illustrations may build up a concept of such a thing.

Classifications of disabilities.—An orthopedic surgeon, H. Winnette Orr, has given the following classification of disabilities: 4

1. Fractures or joint injuries both simple and compound. 2. Effects of infantile paralysis. 3. Spine injuries. 4. Joint inflammations (arthritis). 5. Soft part injuries (muscle or nerve injuries, burns, etc.). 6. Acute monarticular joint disease. 7. Amputations.

The classification of disabilities used for statistical purposes by the Federal Board for Vocational Education is: ⁵ Hand, Hands, Arm, Arms, Leg, Legs, Hand and arm, Hand and leg, Arm and leg, Multiple, Partial vision, Total vision, Partial hearing, Total hearing, Lungs, Heart, Speech, Back.

Miss Gertrude R. Stein classified observed disabilities for a recent bulletin in the following manner: ⁶ Right arm amputated, Left arm amputated, One arm partially disabled, Both legs amputated or paralyzed, One leg amputated, Paralysis of right or left side, Spinal injuries and Potts disease, Locomotor ataxia, Hernia, Lameness.

Correlation of occupation and disability.—"Ever since the inception of the civilian vocational rehabilitation program" is the opening of a significant statement prepared under the direction of John A. Kratz in a Federal bulletin," "the suggestion has been made repeatedly that the preparation of a list of occupations at which physically disabled persons are employed would be of great assistance to those who are called upon to give vocational advisement to the handicapped." This thought is probably one of the first which comes to the worker in the field of rehabilitation. It comes to him like this: "Where shall I find a list of occupations which will be suitable for a given disability?"

⁴ Bulletin 93, Federal Board for Vocational Education, p. 83.

^{*}Bulletin 96, Federal Board for Vocational Education, p. 12.

Monthly Labor Review, Vol. X, No. 4, p. 149 seq.

Bulletin 96, Federal Board for Vocational Education, p. 1.

It is quite natural to suppose that, of course, such a device has been formulated and put into practice to facilitate the process of rehabilitation. Uniformity and precedent are so firmly imbedded in most activities of life, that naturally one looks for these factors in rehabilitation. Then the worker is astonished to learn that no such list has been devised, at least, no categorical listing which will say to him in so many words, "Here are several trades that are open to one-legged men. Fit one of these as painlessly as possible upon your disabled friend." This fatalistic assumption that education and training of the handicapped is necessarily limited to manual lines or to specific phases of manual activities has been a damper upon progress in that direction. At any rate, many such conceptions have not been based upon the results of studies that would warrant the conclusion.

Range of ability very wide.—It has been shown repeatedly in rehabilitation that the range of ability and achievement with persons with a given disability is virtually as wide as with persons having no such disability. The study referred to in the bulletin mentioned above was concerned with 6097 physically disabled persons who had been rehabilitated in occupations which numbered 628 in the thirty-six states which were carrying on rehabilitation when the study was made. The bulletin states the case as follows: "Physically disabled persons differ from one another, as do normal persons, in mental and temperamental characteristics. Further consideration brings to mind the knowledge that the ability of any person physically or not physically disabled to perform a specific occupation does not depend altogether, except in certain instances, upon the possession of specified physical qualifications."

No correlation found.—It is true that these considerations have been observed largely so far from the field of contact of rehabilitation workers with physically disabled persons surveyed, trained or rehabilitated. Up to the time of the study undertaken by the Federal Board for Vocational Education, no data pointing specifically in this direction had been assembled. The position, therefore, which should be assumed by the rehabilitation worker in view of studies or observations undertaken is that, so far as known, no correlation exists between the disability and the job. If the committee under whose direction this study was prosecuted had hoped for data that would give light upon this subject, then it was disappointed, since it ⁸ "evidently expected that it would be possible to secure from the data considerable information as to the relations between the handicaps on the one hand, and on the other the jobs or occupations in which rehabilitation had been accomplished. This is evidently not the case."

Limitation to manual lines.—W. A. Ziegler, a psychologist with the United States Veterans' Bureau, in an unpublished study of the psychological scores, school marks, and salaries of 189 disabled ex-service men, offers the following statement: "The mechanical ability scores correlate very closely with the intelligence level. There are only two cases where the mechanical ability score is two steps higher than the intelligence level, 27 cases have a one step higher mechanical ability score, 106 cases are even, and 54 cases have a one step higher intelligence level. This would indicate strongly that where there is mechanical ability there is an equal amount of intelligence generally, but it does not follow that where there is intelligence there is also mechanical ability."

The study of 6097 physically disabled persons made by the Federal Board found ⁹ "that the possibilities of placement are much more diverse than have been frequently considered possible." Also, that "there has been a tendency by some to believe that placement or training must of necessity be confined largely to unskilled jobs." The study also indicated that "there is a very

⁸ Op. cit., p. 6.

⁹ Ibid., p. 5.

definite relation between the intrinsic intelligence of an individual and the requirements of the work."

Injustice of discrimination.—It would seem from the above considerations that injustice to the disabled as a group obtains if there is any disposition to limit them to any group of occupations whatsoever. That injustice, in the case of a person of intelligence, is particularly acute if he is advised to enter a purely manual line. Where by test he is shown to have a high rank in mechanical ability, if Ziegler's conclusion is sound, he should have an occupation in keeping with the intelligence that accompanies it. It would be a pity indeed, if a person, though disabled, who had managerial or inventive capacity along mechanical lines, were placed permanently in a manual job giving no exercise of that ability. The restrictions that follow, where it is assumed that disabled persons should fit into specified manual occupations, are such as to cramp the initiative of the individual and limit the outlook of rehabilitation.

Arm and leg disabilities contrasted.—In a discussion on the relative severity of upper and lower limb injuries, Carl Hookstadt in 1918 made a statement which rehabilitation workers would be disinclined to accept. Speaking on "The Problem of the Crippled Man in Industry," he said: "It may be well to emphasize here that while from the medical and economic standpoint the loss of a foot or leg is more serious than the loss of a hand or arm, the compensation schedules of every state are based upon the theory that industrial workers who lose an upper limb suffer a greater economic loss than those who lose a foot or a leg."

It is entirely a question of emphasis. Hookstadt, for example, emphasizes the fact of re-employability by the same employer and in the same occupation. The data which he introduces as the result of four independent investigations need not be ques-

¹⁰ Bulletin 264, United States Bureau of Labor Statistics, p. 215.

tioned. They do show by percentages a larger number of persons with hand or arm losses returned to the same employer or to the same occupation. On the other hand, rehabilitation workers are constantly face to face with the fact that they must plan generally on the disabled person's entrance into a new occupation; sometimes with his former employer but more often with a new one. Sometimes the new occupation has no relation whatever to the one in which he received his injury. As likely as not, were rehabilitation workers to proceed on the theory that the disabled person must return to his old occupation and former employer, the results would be in keeping with Hookstadt's figures.

Arm disabilities prove difficult cases.—Another point of emphasis by Hookstadt is the incidence of permanent foot and leg injuries in industry. This, in one instance, may be stated in his own words, "In California 91% of the permanent foot and leg injuries occurred in non-manufacturing industries and 60% occurred in transportation and construction." Rehabilitation service does not raise the issue as to the origin of the injury, except for incidental information. Its question is, where can this person be accommodated vocationally in view of his disability?

In a publication previously cited, Gertrude R. Stein gives a clear answer to the question raised which disposes of Hookstadt's contention so far as rehabilitation goes. Concerning the placement of 1800 crippled men and boys during two years of work by the Institute for Crippled and Disabled Men in New York City, Miss Stein says: 11 "One result of this survey is the discovery of how few men with arm amputations (only 165) have been placed. . . . This has certainly been the hardest task the institute has had before it. A one-armed man cannot place himself without almost superhuman effort. Although the institute bureau has concentrated its greatest efforts on this problem of the arm case, the results have not been large."

Monthly Labor Review, Vol. X, No. 4.

As indicated above, it is chiefly a matter of emphasis. It may or may not be important that these injuries occur in certain industries. It is important to know where placements are made. The arm amputation cases which were placed by this bureau numbered 165 or 9% of the total, whereas the leg amputation cases numbered 368 or 20% of the total number of placements.

Principles followed in hand and arm cases.—Further testimony as to the difficulty of rehabilitating those with hand and arm disabilities is given by the record of the Minnesota Division of Reeducation. In the Federal board monograph regarding the work of this state the treatment of such clients is discussed as follows: 12

"Hand and arm disabilities are among the difficult problems. Two principles have been kept in mind by the division in dealing with them. The first is that whenever the disabled person is young and has sufficient mentality the best probable plan is to direct him into a mental occupation such as commercial work, salesmanship, or the like. The second principle is that if the disabled person is past the age when a radical change of habits is feasible or has too strong a mechanical bent to warrant a change, some choice must be made from the very limited number of manual and mechanical lines which are open to a one-handed person.

"It is true that there are many manual processes which can be performed by a one-handed person who uses a good artificial member, but unfortunately it is still difficult to convince prospective employers of this fact. Some day when the high tide of prosperity sets in an intensive campaign must be carried on to get this idea generally into the heads of captains of industry."

Some feasible occupations.—"At present the list of feasible occupations for a one-handed man," continues the monograph, "includes such jobs as elevator operator, watchman, flagman,

¹² Monograph No. 1, Federal Board for Vocational Education, p. 11.

some machine operations, drafting, and painting of various kinds. There are also possibilities along the line of cow testing for disabled persons that have had experience with dairy cattle.

"In a community that has limited industrial opportunities for training and employment of 'one-hand' cases automobile painting is an excellent trade for which to train them. A one-handed man can do practically everything that is required to be done in painting automobiles, as ordinarily but one hand is used. Nowadays practically every automobile paint shop of any size uses lacquer. The application of this requires a "spray gun." A one-handed man can use these "guns" as well as a person with two hands. In the case of this class of disability, as in all other kinds, the man's mental make-up and attitude toward the work will be the controlling factor in his training and will decide whether or not he becomes a successful automobile painter.

"A person who is trained as an automobile painter has a good background for inside house finishing and sign painting, and the trade can be learned in a comparatively short time. Two chances are open to a one-handed man who has learned automobile painting. He can secure employment in an automobile paint shop or can open up a paint shop of his own, since the equipment is not expensive and there are many places in which this business can be entered into with a reasonable assurance of success."

Spinal disabilities.—It is with difficulty that one can visualize the situation of a young man who was confined to his bed with a broken back. His ready smile and firm handgrasp undoubtedly belied his actual feelings. It is certain that he must have endured spells of excruciating pain. Lines about his drawn lips told that situation quite plainly. Yet, he "came back" as well as or even better than might be expected. Lying prone as he did, he nevertheless learned to use a portable typewriter with which he told the world that he was managing a fire insurance agency in his home, in his own bed, in fact, from which he never arose.

This story is one of the sort which grips tightly the heartstrings of rehabilitation workers who, when they see that spirit which never dies, resolve that they will move everything possible to secure a bit of vocational contentment for these worthy though often seemingly hopeless cases.

"One state reports the case of a young man eighteen years of age suffering from a spinal lesion," says a Federal bulletin, "which had developed when he was a boy of fifteen years and within nine months of graduation from high school." He prepared for business through commercial courses together with one in accountancy, the latter supplied by a rehabilitation service. In the meantime he contributed to his own support by means of a clerical position which the rehabilitation bureau assisted him to obtain. It is another striking instance of an indomitable spirit.

Wheelchair and shut-in cases.—"I want a loaf of bread and a package of rolled oats," said the customer with precision. "Yes, sir," replied the keeper of the little grocery as he "wheelchaired" over to the shelves for the desired articles, wrapped them and completed the transaction by "ringing up" the sale and giving the patron his change. "Wheelchaired?" Just so. This man could not move about otherwise and the rehabilitation agent conceived the idea of setting him up in a business of his own. The result was a satisfactory rehabilitation.

A man of perhaps forty-five years of age sat in his bed at home knitting most industriously. His product, sweaters and mittens largely, was disposed of with ease. Evidently he believed in "multiple activity," for at his bedside was a telephone which he used to call his patrons in connection with a magazine subscription agency which he conducted. He was happy in his work.

One of the popular magazines relates the story of a bedridden person in one city who conducts a transportation business from

¹³ Bulletin 70, Federal Board for Vocational Education, p. 11.

a window which opens at his bedside. Drivers come to that open window frequently during the day for orders which he receives by telephone.

The cases noted above represent somewhat the more spectacular phases of vocational re-establishment. What of those whose names seldom, if ever, go beyond the walls of the household? What of those who have a lingering or a progressive, incurable disease or other disability which keeps them forever within the house, though not always bed-cases? Three members of one family, two young women and a young man, whose range of ages would come between 18 and 28, were victims of a progressive disease which rendered them semi-invalids. Embroidery, basketry and other handiwork proved to be the boon in their lives which lifted them up out of the depths of gloomy monotony and brought them, though secluded, into touch with an active world.

Multiple disabilities.—The greater the complication of handicaps, the greater the difficulty in effecting rehabilitation. Yet even in the cases of multiple disabilities the services in the various states have reported some striking instances of success. A few of them are given herewith:

"An Italian,¹⁴ 38 years old, married, four dependents, chronic myositis (inflammation of muscles) and chronic spondylitis (inflammation of vertebræ, of tubercular nature or Pott's disease), wearing a brace, was referred by the A. I. C. P. He could read and write very little English." Formerly a mason by trade. Now a radio mechanic.

"Man 29 years old,15 married, two children. Hernia and phlebitis (inflammation of a vein)." Formerly a presser of men's clothes. Now in the mercantile field.

"This young man,16 24 years of age, lost his left leg and sus-

Miscellaneous 715, Federal Board for Vocational Education, p. 17.
 Ibid., p. 17.

¹⁶S. S. Riddle, St. Louis Conference, op. cit., p. 27.

tained injuries to two fingers on his left hand in a mine accident. He was entered by the bureau of rehabilitation in a school of telegraphy, and is now back with the same coal company where he was injured."

Multiple disabilities, no doubt, have a tendency to make the victims introspective. It is not difficult to understand that, as it does seem as though some have disabilities that are rather heavy burdens. It requires keen sympathy and sound judgment to guide such people effectively. It may be necessary, quite frequently, to take some cases under careful advisement before proceeding very far. That is true, of course, in any case but esspecially true with those having several disabilities. Some will doubtless be not susceptible of either training or placement. If so, the situation must be met frankly and yet with a kindly spirit in counseling with them.

The cardiac.—"Heart disease is now the greatest single cause of death in the United States," says Ola G. Hylton of the University of Michigan Hospital.¹⁷ She later adds: "Of all serious and ultimately fatal diseases, those of the heart are of the longest duration, and . . . they cause the most persistent chronic handicap to self-support." The cardiac has a permanent disability and as such he is distinctly eligible for the services of rehabilitation.

"At least 15 of every thousand school children have already acquired some definite disorder of the heart," continues Miss Hylton. Think of what that means for the future citizenry. How much of that may be alleviated or even cured? "Under favorable conditions most persons suffering from chronic heart disease maintain a fair degree of health for many years."

The cardiac is excluded from many occupations. But, to-day, cardiacs through rehabilitation and other activities may carry on reasonably well. The first step in a cardiac case is obviously the medical examination to establish his precise status.

[&]quot;Miscellaneous 677, Federal Board for Vocational Education, p. 17.

Miss Hylton points out that it is not the patient who is able to carry on his habitual physical activity, as he is caring for himself; nor is it the patient who is unable to carry on any physical activity, as he is dependent; it is the one between these two types who is of concern to rehabilitation workers. Occupations which involve heavy lifting must be avoided. Work of a sedentary nature is preferable. One rehabilitation worker found a cardiac piling lumber. His case was farther advanced than was evident. Even after changing to a more suitable occupation, he soon found his way to the hospital.

A pamphlet issued by the Association for the Prevention and Relief of Heart Disease in New York City under the title "Occupations for Cardiacs" makes the assertion: "There are but few cardiacs who cannot do something to earn a living and many of them can earn as good wages as if they had no disease whatsoever." It then appends a long list of suggested occupations for cardiacs which covers skilled and unskilled operations and is classified according to whether the vocation is suitable for a man or a woman. The New York Bureau of Rehabilitation is given credit for most of the work of making up the list.

The deat and hard of hearing.—"It is a great handicap to pass one's years in a world of silence," says Elmer W. Walker, "but still this is not the handicap that a deaf mind carries. Serious as this is, it is not to be compared with that condition which forces one not only to pass adult years in silence but also to do one's thinking in terms lacking the audition elements." This statement calls attention to the difference which exists between those who are congenitally deaf and those who have become afflicted with deafness later in life. The rehabilitation worker deals with both classes and should understand a bit of the difference in attitude which exists between the two.

¹⁸ Addresses and Proceedings of the National Education Association, 1912, p. 1313.

Two expressions which show a commonly known situation regarding the deaf are cited from a recent study: ¹⁹ "One foreman asked us for more deaf employees, saying that they were the best kind of help, requiring little supervision, and doing their tasks faithfully and without departmental annoyance."

"Another employment manager reported that the deaf and semi-deaf were supersensitive, imagining people were always talking about them. Particularly was this true of those who did not understand lip-reading. (From a report by the Division of Labor, State Department of Labor, Rochester, New York)."

Table No. 3 in the study above quoted deals with "Training and Placements" for 1923-1924, and gives some interesting data: ²⁰ "the combined effort of 14 organizations for the hard of hearing conducting an employment service, or giving employment assistance as a feature of the social service, resulted in the placement of 630 applicants in remunerative employment during the last fiscal year—1923-1924." "The Toledo League for the Hard of Hearing made the largest number of placements, including 22 full time and 210 part time jobs, a total of 232 placements."

Rehabilitation of disabled women.—"The rapidly changing conception of the place of woman in the modern world makes difficult any formulation of the means and ends of her vocational preparation," state Chapman and Counts in a recent book.²¹ "In spite of the fact," they continue, "that usually women have not been recognized as wage-earners, women as a class have always been self-supporting." This statement is justification enough, if indeed one were needed at all, for extension of all rehabilitation benefits to women who become physically disabled and who therefore need some phase of vocational restoration.

¹⁹ Study of Occupations, Training and Placement of Adult Deafened, American Federation of Organizations for Hard of Hearing, p. 22.

²⁰ Ibid., p. 11.

²¹ Chapman and Counts, Principles of Education, p. 530.

The necessity for such labor-finding by women naturally places them subject to the same risks which men face in industry; hence there is the call, though not so great in numbers, for such service as rehabilitation renders to those who labor.

Minnesota has conducted a survey of women's occupations in St. Paul and Minneapolis in order to find types which could be carried on in the homes or small shops or studios where the noise and disturbances of factory life are less in evidence. This was done because it was found that many handicapped women were possessed of over-sensitive nerves and would get along best in surroundings that were pleasant, cheerful and of a quieting nature. The following occupations were found to be suitable: ²² children's dressmaking, manufacturing of lampshades, toy making, retouching of photographs, manufacturing of lingerie, decorative art, making of jells and jams, manufacturing of candlesticks, making of handkerchiefs, painting of greeting cards, needle art work.

The temptation of mendicancy.—A mendicant officer for a metropolitan bureau of charities has recently said: ²³ "Don't blame the beggar, blame yourself. As long as a man can make from one hundred dollars to two hundred and fifty dollars a week by the simple method of holding out his hand for it, he is not likely to turn his talents into other channels. If you would stop distributing money on the street, the most lucrative garden of beggardom would cease to flourish." Thereby is told the tale of many a cripple who is not rehabilitated as understood in the philosophy of this work. They can be rehabilitated if they will. Too often, they choose the path described by Mr. Godfrey in the story referred to above. It is, for them, the line of least resistance, the following of which carries with it the last vestige of pride and self-respect. It is so easy to become the "professional panhandler," as Mr. Godfrey calls him.

Monograph No. 1, Federal Board for Vocational Education, p. 14.

²³ John D. Godfrey, American Magazine, Vol. XCIV, No. 4, p. 11.

It is much easier sometimes than to be rehabilitated and its monetary rewards are often greater. But at what price of self-respect!

Morale is distinctly a success factor in rehabilitation. A badly handicapped young man came under the observation of a rehabilitation agent. He was picked up from a street begging situation, disguised by "selling" pencils. He was given careful training in a night school to perfect his knowledge of accounts in order that he might prepare for a small business of his own. The project went splendidly for a time. Shortly after, a report came to the rehabilitation office that he had left the city and the state for parts unknown where well-meaning rehabilitation agents would not insist upon his acquisition of a self-respecting vocation. He returned to his begging with alacrity and no doubt with relief.

Success factors.—"One often hears it said of a man that he has no push," says Dean Schneider,²⁴ "or that he lacks determination, backbone, grit, sand; other men are said to possess these qualities." Perseverance, energy, self-confidence and stability are among the qualities mentioned in an unpublished study entitled "Success Factors in a Limited Number of Vocational Rehabilitation Cases," by Kenneth O. Snortum, one of the authors.

"Of one thing I am assured," says Helen McCoy,²⁵ "no worker ever raised a man's morale simply by being business-like and cheery." It means more than that. He who works with the disabled must ever be on the watch to guide, to stimulate, to encourage, to repress a bit of pessimism here, to foster a real bit of optimism there. The job is never done. Character is a process which is long in the building.

Importance of morale.—No one has yet discovered just what causes the great variation in the response made by different disabled persons to the possibility of economic re-establishment and

²⁴ Bulletin 93, Federal Board for Vocational Education, p. 65.

²⁵ Ibid., p. 36.

no one has devised a panacea for lowered morale. One person who is disabled will show a courageous spirit, while another who is no worse handicapped will act the craven and defeatist throughout. No doubt the factors causing this situation are multifold. The technique of improving morale must be varied as the particular disturbing factor or factors is discovered. As Karl de Schweinitz says: ²⁶ "Sickness and physical handicap are perhaps the most difficult circumstances in which to tell whether or not—and to what extent—one should carry the responsibility of the individual in trouble." Later he gives a suggestion: ²⁷ "The more definite the undertaking and the greater the emphasis upon what the person who is receiving help must do, the better are the chances of safeguarding his initiative and self-respect."

A final helpful thought which he offers is: 28 "Seldom is a man influenced by any one thing. Usually he is moved by a complexity of considerations. The part of the person who would help him is to make sure that all appropriate suggestions have been presented and that he has had the opportunity which the motives carry with them, an opportunity of the greatest potentiality; for under the influence of a quickened desire men have frequently accomplished—are, indeed, constantly accomplishing—tasks to which otherwise they would have never dreamed themselves to be equal." Along such lines as these must the rehabilitation worker seek for the solution of the great problem of morale.

QUESTIONS

- 1. Why is it not possible to discuss rehabilitants from the standpoint of representative types or norms?
- 2. Is it reasonable to expect a correlation between occupation and disability? Why?

²⁶ Op. cit., p. 108.

²⁷ Ibid., p. 177.

³⁸ Ibid., p. 201.

- 3. The Federal Board's study of 6097 rehabilitants showed a wide range of ability among them. What is the significance?
- 4. Hookstadt's conclusion that foot or leg disabilities were a greater economic loss than those of hand or arm is a matter of emphasis only as applied to rehabilitation. How?
- 5. What factors operate to make wheelchair and shut-in cases so difficult of rehabilitation?
- 6. Discuss the peculiar difficulties inherent in the rehabilitation of the following: Multiple disabilities, cardiacs, deaf and hard of hearing.

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Monograph No. 1. "The Civilian Vocational Rehabilitation Program in Minnesota." Federal Board for Vocational Education, 1925.

The monograph has a section devoted to "Rehabilitation of Hand Disabilities" which in turn refers to the study made by Carl Hookstadt, referred to in this book. There is also an appropriate section on the survey of women's occupations made in the state.

S. S. Riddle. "Rehabilitation of Persons with Type Disabilities," Proceedings First National Conference for Vocational Rehabilitation, St. Louis, Mo., 1922. Federal Board for Vocational Education, p. 25.

A good discussion of various types of rehabilitants and the question of relationship of disability and vocation.

Bulletin 93. "Proceedings of the National Conference on Vocational Rehabilitation of Civilian Disabled." Federal Board for Vocational Education, 1924.

Dr. R. M. Little of New York discusses "The Norm in Rehabilitation." Miss Helen McCoy has the paper on "An Analysis of Rehabilitation."

Bulletin 96. "A Study of Occupations." Federal Board for Vocational Education, 1925.

The bulletin discusses 6097 physically disabled persons who are employed after vocational rehabilitation. Pages 1-11 inclusive are devoted to analysis of the data which are appropriate to these persons.

CHAPTER XX

REHABILITATION OF THE TUBERCULOUS

"At a meeting of the tuberculosis workers of the Federal Board for Vocational Rehabilitation held at Colorado Springs in 1920," said Dr. Frank H. Hacking at the session of the Minnesota Conference for the Disabled in May, 1925, "I asked the following question of each specialist present: 'If an individual has had a definite clinically active, moderately advanced pulmonary tuberculosis, has he and will he continue to have a permanent handicap in any occupation during the remainder of his life?' The answer was unanimous, that he would have, varying in degree with the individual, the extent of his disease, and the occupation. A resolution embodying the above was unanimously passed by the meeting."

Tuberculous usually have vocational handicap.—Should one wish to have an authoritative statement that would establish beyond any reasonable doubt the principle of eligibility of the tuberculous for rehabilitation, he would need to search no further. A statement of the sort to establish validity of a rehabilitation program for a disabled group having the inherent difficulties of the tuberculous must be well fortified by expert judgment. At a meeting held for the specific purpose of promoting the rehabilitation of such a group, the specialists assembled unanimously agreed upon the nature of the handicap which follows a victim of the white plague. If it were necessary to elucidate the physical disability aspect of eligibility for rehabilitation in so far as it concerns the tuberculous, then the above statement makes it clear. An earlier Federal bulletin states what such disability may be in more general terms: 1

¹Bulletin 64, Federal Board for Vocational Education, p. 32.

"Disabilities as defined in the act cover a wide range, since they include any 'physical defect or infirmity, whether congenital or acquired by accident, injury or disease.'"

Physician's certificate essential.—A phase of eligibility in tuberculous cases no less important than the general principle established above is the more specific one which gives the rehabilitation agent authority to proceed with training which has eventually a job objective. Says the Federal bulletin, quoted above:

"A physician's certificate in such cases would be evidence of the disability, and unless for some reason the State Board wishes further light on the case, such a certificate could be accepted as final evidence."

No worker in the field of rehabilitation should proceed in the vocational advisement of an "arrested" case of tuberculosis unless he has on file a duly signed statement as specified above. Obviously such a certificate would be issued by the sanatorium head or by the patient's family physician. The risk involved in proceeding otherwise is entirely too great. Referring to the agent or adviser in such an instance, the National Tuberculosis Association says: 2 "He is taking a serious responsibility if he proceeds without the benefit of the best medical advice obtainable."

Peculiarities of the problem.—"All familiar with the actual state of tuberculosis administration in this country," writes the editor of an English magazine, "know how partially and imperfectly our present knowledge for the treatment of this disease is being utilised." The statement as such applies to America as well as to Britain, but for reasons other than those which apply to the latter country.

No doubt one condition which contributes to any lackadaisical attitude that may exist in this country is the feeling of false security which some people may have because of progress made

² Miscellaneous 401, Federal Board for Vocational Education, Sec. 8, p. 7.

in combating the disease. "During the last twenty years the death rate from tuberculosis has been reduced by one-half," says Linsly R. Williams, M.D.³ Such a statement is encouraging to all who are waging a tremendous battle against this disease which is so deceptive in its early stages and none the less so after "arrest," but it should offer no occasion to be any less relentless in efforts as time goes on. Total eradication may seem to some a vain hope, but it is not impossible. Those who are not so near to the battle front will doubtless have their appreciation of the struggle heightened by closer attention to factors in and results of this titanic struggle to keep humanity in sound health.

There are those who appreciate that freedom from the bonds of this disease comes only through vigilance that is constant and unremitting. The "arrested" case about to leave the sanatorium has "come back" at a tremendous price, but he may "break" through causes not always under his control. It is incumbent upon all members of society to keep up the fight against tuberculosis. Consistency in such a fight pays, as data may well demonstrate.

Suitable and unsuitable vocations.—"Seek to return a man to his old job or an allied job in which he can capitalize his knowledge and skill, unless there are the soundest reasons to the contrary," says W. I. Hamilton.⁴ This of course applies to such work as involves no hazard that would contribute to another breakdown.

Dr. Hacking, in the address previously mentioned, said that one common fallacy is expressed in the injunction to the tuberculous person who may be seeking employment in keeping with his returned strength that he must get a light outside job. He adds significantly, "Name one if you can, for the average man with an ordinary education. Most of them entail physical labor

^{*}Current History, Vol. XVIII, No. 1, p. 150.

⁴ Journal of the Outdoor Life, Vol. XXI, No. 9, p. 540.

with exposure to heat and wet in the summer, with cold and blizzards in the winter."

Dust and gas to be avoided.—"Satisfactory occupations for the tuberculous," continues Dr. Hacking, "have been established through the Cambridgeshire Tuberculosis Colony at Papworth, England. These are carpentry, cabinet making, poultry-raising, shoe repairing, portmanteau and case making, tailoring, printing, sign writing and jewelry-making."

On the other hand, Dr. Hacking asserts that "there are very few industries that are wholly unsuitable for the tuberculous. The various industries are made up of few or many jobs, some of which are unsuitable, but many of which may be found suitable." As an illustration of the former, Dr. Hacking cites garage work, owing to the gases.

Mr. Hamilton's study ⁵ calls attention to the question of suitability especially in trades having the conditions of metallic dust (grinding, polishing, printing, etc.), and mineral dusts (quarrying, glassmaking, plastering, etc.). Of lesser importance, though not to be overlooked by any means, are trades which involve animal dust (fur, silk, rags, etc.), municipal dust (street cleaning, etc.), vegetable fibre dust (textiles), and general organic dust (grain, flour, etc.).

Possibilities in placement.—Mary Ross tells a vivid story of the tuberculous who, having "graduated" from the sanatorium, faces a stern world in seeking a new job or re-employment in the old one. "Outside the sanatorium," says Miss Ross, "waits a world which will fear him, which is full of dust and noise and confusion, where worry and long hours of work rack that body which has been built up so carefully by rest and care."

Miss Ross gives several instances of those who tried to return to former jobs. One had been with his firm for twenty-eight years. Would they take him back? No. A New York hotel

Journal of the Outdoor Life, Vol. XXI, No. 10, p. 600.

Survey, Vol. LIII, No. 9, p. 516.

chef of course was refused his place. A cigarmaker returned to his trade, but after five months was back at the sanatorium. His second return forced his wife to go out for work in a laundry while he cared for the two children. Such situations are far from encouraging. A more hopeful case is related by Miss Ross in the Czechoslovakian whose trade in his native country was cabinet making. His coming to America put him at work as a watchman, but it also found him in due time at a sanatorium. But the New York Tuberculosis Association through its placement service soon found employment for him in the trade learned in his old home country. Says Miss Ross: "It put less tax on his strength and brought more satisfaction as well as money. Now he is able to go to night school a little to improve his English and the children are helping him in it at home."

Part-time jobs desirable but rare.—Part-time jobs would doubtless be a solution for some of them. The contentment which they would offer, the occupation of a certain period of time would in themselves be worth in some instances as much as the wages earned. "But," adds Miss Ross, "apparently there are almost no part-time jobs in industry. For good and proper reasons employers are unwilling to make arrangements so that one man uses a machine in the morning, another in the afternoon." The placement phase of the problem is one which still needs much thoughtful study.

Widespread existence of phthisophobia.—"What chance is there of being infected with tuberculosis?" asks Dr. H. V. Scarborough, in a paper entitled "Certain Phases of Tuberculosis" which he read before the Sigma Xi Society at the University of Iowa in 1920. Dr. Scarborough is in a position to answer such a question through his sanatorium experience. "Comparatively little," is his reply, "if an adult and care is used when around the dwelling of a consumptive. But very great, if a child of less than 14 or 15, if not isolated from the incautious person with tuberculosis." Dr. Scarborough maintains that a consump-

tive husband or wife will rarely pass on the disease to the mate. Where it does happen, he says, it may usually be traced to "tuberculosis in the family history of the supposedly secondary case and that the work and care incident to the consort's illness has developed the disease rather than that a new infection has taken place."

Much educational work needed.—Mr. Hamilton quotes from John W. Turner in much the same strain. "Practically all the evidence at hand indicates that adults do not often develop tuberculosis as a disease because of contact with tuberculous adults, but rather from a tuberculous infection received years before, most probably in childhood. Usually the childhood infection lies dormant for years. The tubercle bacilli are walled off. They are hidden away and lost sight of, but at some crisis or due to causes such as have been enumerated above, the tuberculous focus becomes active. . . ."

"Fear is the handmaiden of ignorance. Knowledge of tuber-culosis casts out fear for that disease. The modern conception of tuberculosis must be taught. Phthisophobia, or the fear of tuberculosis, must be combated in every way possible. The sanatorium graduate and the arrested case of tuberculosis must not be deprived of an opportunity to enter into industry. The employer and the employee must possess the information that it is not dangerous for adults to work or associate with known tuberculosis cases." **

In the same vein, Dr. Hacking quotes Dr. H. A. Patterson, of the National Tuberculosis Association:

"The fear of tuberculosis is not only exaggerated, but generally misdirected. The danger to fellow workmen in shops that are not overcrowded nor unsanitary is not so great as is generally believed. If we could but make workers and employers understand that it is much better to have a known, sanatorium

Bulletin 59, Federal Board for Vocational Education, p. 18.

^{*} Ibid., p. 11.

trained, inactive tuberculous individual in the shop than an unknown consumptive—that there is no valid reason for shunning a tuberculous person—we could much more easily control the disease."

Relapses after sanatorium care.—A young woman was discharged from the sanatorium as restored to health from an attack of this dreaded disease. Supervision of her case had not been very definite apparently. Since she was self-supporting, she must obtain work immediately. She sought her former employer who gave her the job which she held prior to her breakdown. The work carried with it exposure to "vegetable fibre dust," which was mentioned above. The wage in this factory was ample. It more than sustained life. The rehabilitation agent found her oppressed with a fatalistic notion to this effect: "I know that this work is not the best for me. But what of it? Sooner or later it ("T.B.") will get me anyway." It was the frame of mind, even more than the work, which was rapidly driving her to a relapse. The worker saw her in time.

The incident related above may explain partially, at least, this statement by Dr. Hacking: "Statistics taken several years ago by sanatoria who kept track of their discharged cases showed an average death rate of 45 to 52% at the end of five years. Experts began to ask, 'Why?'"

Dr. Hacking goes on to explain that, exclusive of far-advanced cases regarded as incurable, the factor largely responsible for such a high death rate was the competition which the tuber-culous had to face in the open labor market. This fact has already been illustrated above. Then he adds that contributing factors are neglect of follow-up and medical examinations and the attendant over-exertion to keep up with the demands of the work and the expenses of living.

The poignancy of the employment situation for the "arrested" cases of tuberculosis is one that scarcely fails to enlist the whole-hearted sympathy and interest of welfare workers.

Careful supervision in after-care.—"There has been a growing recognition in the past five years on the part of tuberculosis specialists, nurses, and a few sanatorium directors," says Miss Alice C. Klein in an article on "Finding a Job for the Ex-patient in New York City," "of the general importance of after-care for the ex-patient and particularly of the necessity for supervising his industrial readjustment."

"It is well known among tuberculosis workers," states Frank A. Waugh ¹⁰ writing on "Occupational Therapy in Tuberculosis," "that one of the most critical periods in the cure comes at the point of discharge from the sanatorium." He speaks of the marked change which comes about in the patient's life as regards rest, sanitation, medical supervision and work. In the institution he enjoyed an abundance of rest, most marked cleanliness, thoughtful and solicitous medical attention with no work except of a purely incidental and perfunctory character. Out in the world he found the very antithesis of these things.

Example of service in New York.—Miss Klein speaks of the vocational service which is rendered by the Tuberculosis Association of New York City. Its initial steps and its service throughout has as an objective the "after-care" of the patient. This service is regarded by the association to be of as much importance as the placement in a suitable vocation. The history of the patient, sputum analysis, X-ray examinations, clearance of his record through the social service exchange—all of these are provided prior to placement which is made as far as possible in keeping with the findings obtained. Then, as though this were not enough, come visits to the home by the social service agents to note physical surroundings and to see whether or not others in the family need clinical observation. The patient himself—now really an ex-patient and an applicant for vocational placement until employment comes—reports regu-

⁹ Journal of the Outdoor Life, Vol. XXI, No. 9, p. 535. ¹⁰ Scientific Monthly, Vol. X, p. 454.

larly for examinations at the clinic. If he objects, then he soon learns that employment depends upon his faithfulness in that respect. Altogether it is a remarkable sort of service, holding out real promise to the tuberculous.

Training given in the sanatoria.—The active young woman who moved about so quietly and yet with an air of business was without question a welcome visitor to the convalescent in the sanatorium. A question here in regard to a course in accounts and its progress or a reply to a question from an adjacent bed asking why certain lessons in drafting had ceased coming, indicated, of course, that the state rehabilitation agent was "checking up" on "courses" which the agency was maintaining for sanatorium patients who were well along towards ultimate recovery.

They wait so long, these tuberculous ones, for health to return, that it is a God-send if a genuinely vocational course of some sort can be given to them. Principles, stated previously in the work, in regard to vocational objectives apply as well here as elsewhere. To give courses merely as a means of occupying time or for their curative value, good as they may be from that standpoint, is not a legitimate function of a state rehabilitation agency. The tuberculous carpenter who feared returning in a marked degree to the strenuous carpenter's bench asked for and received a correspondence course in poultry farming. The background of his youth revived that interest and his elementary education was strong enough so that the course was suitable. He fully justified the agent's faith in him.

Then there are courses in typing, stenography and bookkeeping offered through the medium of correspondence schools or better yet given at the hands of a local business school or college which sends out a special instructor several times during the week. Such instructors plan to teach several patients during one visit, usually on the individual basis. The system

of tutorial instruction for sanatorium purposes seems to fit in well with the general scheme of things.

Colony plans.—"The need of a place where discharged patients of sanatoria for the treatment of tuberculosis may live with their families," is the initial remark of a far-reaching proposal in a magazine editorial, "and do, under favorable conditions, the work for which they are best fitted, has inspired a plan for a model city different from anything yet attempted for the amelioration of human ills."

A commission form of city government would be a part of the plan. Industries would be suited to the peculiar requirements of a group such as the "arrested" tuberculous might be. As justification for such a novel plan, the editorial points to data "covering a five-year period and taken three years after the expiration of the period," and revealing the fact that only 53% of the patients discharged from sanatoria were found working.

Project for agricultural and industrial community.—The original plan for a strictly agricultural community was abandoned as unsuitable for many sanatorium graduates. Hence the combined agricultural and industrial community plan was decided upon as being the more feasible one. The plan finally agreed upon and recommended by the Advisory Committee of the National Tuberculosis Association called for a 1000-acre tract within 200 miles of a large city. Most of this, of course, would be available for agricultural purposes. Thirty acres would constitute the model city of about 4000 persons having appropriate industries and activities of any well-established modern community. The initial development would involve more than one and a half million dollars. Private rather than public auspices would promote the financial aspects of the project.

""Problem of the Discharged Tuberculosis Patients," Scientific American, Vol. CXXI, p. 304.

"Here is a most worthy plan," continues the editorial, "which we heartily commend to the practical sympathy of the American public." Captain Frank A. Waugh in the article previously cited outlines a similar plan under the term "Reconstruction Town," suggesting private auspices, as above, and the idea that "such a community might eventually become largely self-supporting." However visionary such a project may seem, it behooves thinkers in the field of human welfare to give the subject consideration. It may offer a solution of some aspects of the problem.

Sheltered employment.—"Farm colonies in England, Dr. Philip K. Brown's pottery works at Arequipa Sanatorium in California, the hammered silver plant at Gaylord Farms in Connecticut, the Altro Shop for garments workers" are mentioned by Miss Klein as "notable achievements in the field of vocational training for the tuberculous." They are more than that, however, as they furnish clear illustrations of sheltered employment to this group of unfortunates. Training for a vocation plus disposition of the product and payment of wages either on a flat rate or on a "piece" basis are features of sheltered employment. Of course, the oversight and care which such persons receive at the same time is no small advantage of such employment. Its principal limitation, probably, is the fact it can accommodate but a small proportion of the whole number of the tuberculous.

Opportunities in the sanatorium.—Another phase of sheltered employment not usually contemplated when that term is used is the absorption of sanatorium graduates, in limited numbers, by the sanatoria themselves. In the observation of its various patients many a person may be found who can fit into the routine of the institution with benefits which accrue to both patient and sanatorium. Clerks, bookkeepers, stenographers, messengers, elevator operators, orderlies and domestics are among the possibilities. The plan presents a hopeful outlook

for a certain number, at any rate, who may be employed in this manner.

The Altro Shop.—Miss Ross declares that "fear of dependence on the one hand and of a breakdown on the other" is the frame of mind in which the sanatorium graduate finds himself. Guided and guarded social and industrial conditions are necessary to promote the health and vocational efficiency of the tuberculous. The Committee for the Care of the Jewish Tuberculous in New York City found the answer in a scheme of sheltered employment known as the Altro Workshop. Its basic objective is that of reducing the number of relapses among sanatorium graduates. It was begun more than eleven years ago in humble quarters. Now it is, as Miss Ross says, "a full-fledged factory, yet one of the finest rehabilitation shops in the world."

The products of the Altro Shop are "washable garments suitable for hospitals and other institutions, hotels, nurses, nursemaids, etc." These are made on the piece basis. The payroll for these tuberculous men and women who have "come back" runs up to \$40,000 in a year. The product is subjected to a rigorous application of live steam as a means of sterilization. The pay envelope contains the wages earned in a week plus a subsidy check which will enable the family to live decently. Eventually the wage becomes ample enough for such standards and the subsidy is decreased or discontinued.

Relapses greatly reduced.—The slogan of the shop might be termed "industrial convalescence." The working schedule, accordingly, is reduced in keeping with the strength of the employees. Rest rooms, roof garden, shower baths and nurse attendance are among its health-continuing features. "Relapses," continues Miss Ross, "have been reduced from 50% during the first year and a half to between 15% and 20% in a period extending to six years from the patients' discharge from the sanatorium." Eventually about two-thirds of the workers' fam-

ilies become entirely self-supporting, maintaining a standard of living which is conducive to efficient health.

Reco Workshop.—The Reco Workshop was maintained, according to Miss Klein, through the co-operation of the National Tuberculosis Association and the Veterans Bureau. Trades like jewelry making, watch repairing and cabinet making have been taught to tuberculous men who formerly followed unskilled or semi-skilled vocations. While essentially a trade school which was maintained for more than four years, it rendered a very helpful service of consultation, assistance in hospitalization and follow-up in employment. Its activities were finally absorbed entirely by the Veterans Bureau.

The Wisconsin Forestry experiment.—Tomahawk Lake Camp was established in 1913 by the State Board of Control in Wisconsin as an experiment in "after-care" for the tuberculous. Five hundred fifty acres were set aside in the State Forest Reservation for the project. "By its nature," says Miss Ross, "this camp does not refit men to industry, but it provides graduated outdoor tasks to 'harden' the quiescent and arrested cases sent to it from the sanatoria of the state." Beginning with the lightest possible tasks to which the newly admitted patients apply themselves not to exceed one hour a day, a program is gradually assumed in which heavier outdoor duties prevail, such as lumbering, roadmaking, building, farming, painting, etc. The patients themselves have cleared a space which is suitable for small farming and gardening.

The camp director is himself a sanatorium graduate who is naturally in sympathy with the patients. Medical supervision by the state sanatorium official is made once or twice a month. The camp at present accommodates twenty-two patients, but plans are under way for greater capacity. One definite result of the work may be gleaned from the study made showing "that less than 9% of the men who had spent from six months to a year at the camp had broken down in later life."

Illustration of results of co-operation.—Framingham, Massachusetts, has attracted wide attention among tuberculosis workers through the experiment which was begun in that city in 1917. In that year a demonstration was begun to continue over a period of years to show what was possible through a genuinely co-operative effort on the part of all known community agencies in decreasing the menace of tuberculosis. The initiative for the project was furnished by the Metropolitan Life Insurance Company, which donated \$100,000 to support the program.

Under the leadership of Dr. Donald B. Armstrong as executive director, assisted by Dr. P. Challis Bartlett, the medical consultant, every known agency of the community was enlisted—public and private. These have been listed by Dr. Armstrong as follows: ¹² Public—Board of Health, school department, park department, town clerk's office, and general health expenditures; Private—Civic League, hospital, tuberculosis society, industries, medical profession, insurance companies, churches, board of trade and private citizens. These various agencies co-operated to a marked extent in conducting a survey. This was followed in turn by a medical examination program under Dr. Armstrong.

Deaths reduced to a minimum.—The features of the project, which the efficacy of co-operative efforts by individuals and organizations emphasizes, are expressed in these words by Helena V. Williams in an article entitled "Routing Germs in Framingham": 13

"Framingham has demonstrated to the world that with sound community methods, the great white plague can be controlled, and the number of deaths resulting from it reduced to a minimum." Putting the results in more concrete terms, Miss Williams adds this: "Within a period of five years, Framingham, Massachusetts, a typical American town, with typical health, indus-

¹² Proceedings of the National Conference of Social Work, 1920, p. 195.
¹³ National Municipal Review, Vol. XI, p. 404.

trial and social problems, possessing a typically American population, has reduced its tuberculosis death rate from a 10-year average of 121 per 100,000 to 40 per 100,000, or a reduction of 67%. This reduction, if applied to the United States as a whole, would have resulted in the saving of 50,000 lives in 1921."

Similar results in vocational re-establishment could be secured in many communities if an effective pooling of all forces, public and private, could be brought about. The problem of the rehabilitation of the tuberculous is so difficult, however, that the sole responsibility should not be placed upon any agency, and especially upon a public one having a large duty toward other groups of the disabled.

Attitude of official rehabilitation agencies.—"Is there anything we can safely tell the arrested tuberculosis cases about employment or should we say nothing?" is the question which W. I. Hamilton reports was asked by a state rehabilitation agent at a certain conference.¹⁴ Mr. Hamilton states that the question illustrates the helpless feeling which many persons have in attempting to solve employment problems for the tuberculous. To say that state rehabilitation officials are impressed with the seriousness and the difficulties of the problem and that they are earnestly seeking information and data in order to give constructive advice more nearly represents the situation so far as they are concerned.

The latter view is quite in keeping with the informal statement on the subject at the Washington meeting by Dr. Little of New York when he indicated that the problem ¹⁵ "is a very baffling, widespread, deep-seated situation that controls the return of the arrested case of tuberculosis to remunerative occupations, but there probably is not any problem before us that is more poignant and more challenging and more needful of

¹⁴ Journal of the Outdoor Life, Vol. XXI, No. 7, p. 393.

¹⁵ Bulletin 93, Federal Board for Vocational Education, p. 54.

solution than this. There must be some solution for it but it will take time to work it out."

Experience of Minnesota.—Still more definite is the position taken by the rehabilitation agency in Minnesota. A systematic scheme for giving readjustment to a certain number of the tuberculous every year is in operation. An account of the experiment is given in a Federal board bulletin as follows: ¹⁶

"The Division [of Re-education] has always done work with the tuberculous, but on account of the number and character of the cases it has been necessary to restrict it to the large sanatoria. A limit of 50 has also been set on the cases. Those dealt with are naturally the incipient and arrested. Practically threefourths of the cases come to the sanatorium with an occupation, but in few cases are they able to go back to their old work without some readjustment.

"One may have been a typist who cannot safely go back to work where she would be required to remain seated at a typewriter during a seven or eight hour day. However, she may safely do general office work where there would be some typing but a variety of other duties. This necessitates training along those lines in which she is not already prepared.

"Again, there will be a steam fitter or plumber who cannot go back to the heavy work and unfavorable conditions attending those trades, but with some business training he will become valuable in a shop or with a contractor on account of his combined knowledge of business practice and the trade. . . . The doctors in charge naturally determine who are to take the work and the amount before the division grants its approval. Increasingly good results are being secured. The work is admittedly an experiment on a limited scale with the hope of providing the data for an adequate plan of dealing with the problem at some time in the future."

¹⁶ Monograph No. 1, Federal Board for Vocational Education, p. 12.

Increasing attention by National Tuberculosis Association.— A very hopeful feature of the situation regarding the vocational rehabilitation of the tuberculous is the increasing attention that is being given this part of the field by the National Tuberculosis Association. The subject is now in the foreground with this great organization and many of its state and local subsidiaries. For some years one of its most important standing committees has been the Committee on After-care and Social Re-establishment, of which Dr. A. M. Forster is chairman. Detailed studies have been made of the various efforts for re-establishing the tuberculous and a report on the success of sheltered employment schemes is in preparation. Some of the local organizations are beginning to undertake placement activities and more ambitious plans are under consideration. In every way the outlook is good for a combined attack by public and private agencies upon the very grave difficulties that surround the readjustment of the tuberculous in economic life.

QUESTIONS

- 1. A popular conception has obtained that all occupations for tuberculous persons must be outdoors. What is the soundness of that idea?
- 2. What do results demonstrate regarding the effectiveness of supervision and after-care of sanatorium graduates?
- 3. What kind of campaign might be inaugurated to dispel the unnecessary fear of tuberculosis?
- 4. Discuss rather thoroughly the colony idea for tuberculous persons.
- 5. What are limitations and advantages of sheltered employment for this group of the handicapped?
- 6. What are the far-reaching benefits of a study like the Framingham experiment?

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Mary Ross. "After 'San'—A Job," Survey, Vol. 53, No. 9.

A vivid account of constructive welfare work that is being done for the tuberculous. Besides several general aspects, it contains accounts of the Tomahawk Lake Camp in Wisconsin, the Reco Shop and the Altro Shop. The last mentioned is described in some detail.

CHAPTER XXI

THE BLIND AS REHABILITATION CLIENTS

No class of the disabled has figured more in literature than have the blind, but unfortunately the depictions by the various authors, great and otherwise, have usually been so overlaid with sentimentality as to obscure any elements of truth and prevent them from giving help in understanding the impression that the world makes upon the sightless. It has been a favorite trick of writers to afflict a character with blindness in order to excite pity and self-sacrifice on the part of other characters and win the sympathy of the readers, as witness Mrs. Browning's Romney in Aurora Leigh, Charlotte Brontë's Edward Rochester in Jane Eyre, and Nydia, the blind flower girl in The Last Days of Pompeii.

Struggle to avoid abnormal status.—Luckily for the prospect of getting the truth about the blind before the public, a work of fiction has recently been published which very deftly brings out the realities, presents them in their right proportions and at the same time makes an interesting narrative. This is My Lady Lee, by Edith Ballinger Price. Perhaps a typical passage in disclosing the genuine difficulties of the blind is the following: 1

"Willburg boasted that it turned out self-supporting graduates, and had time and again proved its boast true. But were they citizens of the sighted world? That was what Anne wondered, remembering the stiff, awkward, unnatural girls she had met that afternoon, the shy, uncouth lads she had watched at their basketry benches. . . . When in later years, the tables

¹ Edith Ballinger Price, My Lady Lee, p. 176.

should be turned, would these young people find themselves equipped to take their place in a sighted civilization, or would they be relegated to workshops and lodging-houses for blind wage-earners—to pass, then, all their lives in an abnormal world, blind of body and spirit?"

Tendency to exclude from Rehabilitation Laws.—When the vocational rehabilitation movement with its new promise for the disabled was started, there were two opposite tendencies shown by the officials taking it up. The first was to exclude the blind entirely from consideration with the thought that they were already pretty well cared for by separate departments of government. The second was to plunge enthusiastically into the task of rehabilitating blind persons, only to find the results were not as rapid or encouraging as with many other kinds of the disabled.

Some of the early rehabilitation laws by their terms apparently excluded the blind from their purview. This was true in New York and New Jersey. The New Jersey act has a clause that it is not to be construed to apply to blind persons under the care of the State Commission for the Blind, and the New York one has a passage almost identical. In these instances, however, the statute has not been interpreted to mean that in an exceptional blind case the benefit of the law could not be extended, but that the rehabilitation service should not interfere with the plan if the blind person were already under the care of the commission dealing with the blind.

Rehabilitation must affect all of disabled.—Whether there was mention of the blind in the statute or not the tendency in states which had a well-developed activity for the blind was to leave them out of consideration. Sometimes this may have been justified by the degree of efficiency attained by the separate blind work. That some contact, however, or some interrelation is desirable will be shown later. Many of the states which undertook to work for the blind through the rehabilitation agency have

more recently shown a disposition to slow up on this form of work or to reject it altogether because of its difficulties. The true concept of the rehabilitation work would seem to be that it has a duty toward all of the disabled and should at least bring its philosophy and its accumulated data to bear upon each problem.

Number of the blind.—The number of the blind and the seriousness of their plight are sufficient warrant for the exertion on their behalf of extraordinary efforts by society. Although the United States census has made a special study of the blind at each enumeration, a reliable figure as to their total number has never been secured. According to the 1910 census the total number of blind then in the United States was 57,272, or 623 per million of population. Dr. Best states that the Census Bureau held the belief the true number was considerably in excess of the number reported.² The number found by the 1910 census was unaccountably less than that reported in 1900. The New York Commission for the Blind in 1906 made an estimate based on the New York ratio that there were 104,610 blind in the entire country.

In the 1920 census the number of the blind actually enumerated was 52,567.³ The census authorities reached the conclusion that the 1920 enumeration was more inaccurate than that of 1910. They estimated the true number as 76,600, giving a population ratio of 725 per million, compared with an estimate of 761 per million as representing the true ratio at the time of the earlier census. The National Committee for the Prevention of Blindness, in commenting on the 1920 census, makes an estimate of 105,000 for the correct number of blind persons. The number in other countries varies from 449 per million of population in Canada to 2016 per million in European Russia. The tendency is for the number to approximate about one per thousand of population.

² Harry Best, The Blind, p. 5, footnote.

The Blind in the United States, Bureau of the Census, 1923, p. 9,

Large proportion of adults.—Another important fact in connection with blindness is that the greater number are found in adult life. The higher age groups are much more strongly represented than the lower ones. To illustrate, in the age group from 5 to 9 the blind number 128 per million, while in the group from 25 to 29 they number 275, in the group from 45 to 47—744, 60 to 64—1977. There are two factors which explain this situation. One is that since many of the causes of blindness operate throughout life the numbers of the blind are constantly augmented with each age group. The other is that two of the causes of blindness, cataract and glaucoma, are afflictions associated with advancing age. The fact of the blind being so much an adult problem has significance from the standpoint of whether or not the vocational rehabilitation work should take them within its scope.

Needs of blind recognized early.—Recognition of the needs of the blind was taken quite early in this country. The first school dates from 1832. It is now known as the Perkins Institute and Massachusetts School for the Blind. Although Massachusetts took action first, the first school actually to open was one in New York, the New York Institute for the Blind, later the New York Institute for the Education of the Blind. A year later the Pennsylvania Institute for the Instruction of the Blind was started in Philadelphia. Other states followed gradually and by the close of a quarter of a century after the founding of the Perkins Institute there were institutions for the blind in 19 states. It has now become a traditional part of a state's welfare work.

Efforts to deal with vocational problem.—From the first, the schools kept in mind the economic needs of the blind. Preparation for self-support was one of the chief purposes, and training in a number of trades and professions was usually a part of the curriculum. It was not long, however, before other means of meeting the vocational problem began to be suggested. The

schools were primarily for the juvenile blind but soon were made to feel the urgency of the adult problem both as it concerned their own graduates and as regards blind persons who had lost their vision after reaching maturity. In 1840 the Perkins Institution at Boston opened an employment department for former pupils which was later extended to include all the adult blind. In 1850 a special plant was established at this institution to provide work for the men and this has been maintained until the present time.

New York and Pennsylvania, which had so soon followed Massachusetts in the education of the blind, also took up the shop plan of providing employment, but after a number of years found they could not make it a financial success and abandoned it. Other states have taken up the plan with varying success and private organizations have also started employment activities for the blind. As a rule, the private activities have tended to reach a self-supporting basis oftener than the public ones. In many instances the problem of conducting a shop on a commercial basis was further complicated through the operation of a boarding home for the blind in connection with it.

Cost of industrial establishments.—Where the operation of the industrial establishment involves a deficit the amount is made up from the appropriation in shops supported or subsidized by the state and from private sources in the others. Dr. Best estimates that the industrial establishments for the blind at the time he prepared his book (1918) involved a total yearly expense of \$1,100,000, of which about \$800,000 was met from the sale of the products. He therefore stated the true cost of the establishments to be \$300,000.4 He found that they were giving employment to about 1386 persons. In addition to direct subsidy the establishments frequently received the use of rent-free quarters and in a few states the products had the preference in purchases for the state institutions. Most of the later shops

⁴ Op. cit., p. 529.

and homes for the blind were not started as accessories to the state schools, as the feeling gradually arose that there were disadvantages to such a plan.

Special commissions for the blind.—Even though subsidized workshops for the blind were a more general thing, however, they would care for only a portion of the economic problem. The activities conducted in them are necessarily limited. Outside of their scope would be many trades and occupations. In addition, many of the blind do not care to be segregated in the manner which is implied in the workshop scheme. Then there are many other needs of general service. To take care more adequately of the field of general welfare of the blind the commission movement has developed. This is a growth of the present century. Again Massachusetts took the lead in the work. The first commission was established in this state in 1903. New Jersey and Ohio followed in 1908 and after that a considerable number of states.

The essence of the plan consists not so much in having a commission-directed work as in having definite and flexible field activities for the blind. The work exists in some states which do not have a separate commission. It usually consists of finding employment, promoting home industries, marketing products, advising as to medical care, education, etc., providing home instruction, conducting prevention work, effecting co-operation of all agencies interested in the blind, and giving relief.

Pension systems and their effect.—Still another public provision for the blind should be noted in connection with rehabilitation. This is the pension plan. In some of its forms it is a negation of the principle of rehabilitation. It starts with the assumption that a blind person is incapable of self-support. As adopted by some states, however, it amounts to little more than a fixed and basic amount of relief. It cannot technically be a true pension because pension implies a payment for past services. In fact, all of the so-called pension laws thus far have made

financial need one of the qualifications as well as the existence of blindness. They have presented the illogical aspect of making a fixed grant for the purpose of relieving need when a scientific relief law would make the amount given flexible according to the need to be met.

The first state to experiment with so-called pensions for the blind was Ohio, which enacted statutes of this nature in 1898, 1902, 1904 and 1908 and subsequently has made many modifications. A number of other states have followed the example. The movement clearly had its origin in the serious economic plight of many of the blind and in so far as it provides an improved system of relief is justifiable, but it needs very careful correlation with what other public provisions are made for the blind.

Differences in mental attitude.—Such in general was the social machinery created to make easier the life of the blind before the new rehabilitation movement came on the scene. The place of the blind in society, however, and the suitability of measures to help them cannot be appraised without some reference to the special mental attitudes often found in those who have this defect. The handicap of lack of sight in many ways tends to produce a different psychology to a greater extent than any of the other physical disabilities. There is more of a tendency for the sightless to be considered and to consider themselves a class apart. Those among them who wish to be normal in their mental outlook have a much more difficult struggle. Once more, some of the best expressions in literature of this truth can be found in My Lady Lee. Quite early in the book the author narrates an incident revealing some of the usual conduct of the public toward the blind and the resulting reactions upon them. The little blind girl who is the heroine of the story has just shown her sense of direction by walking to a flower bed and picking a flower for a visitor. The following comment is then made: 5

⁶ Price, op. cit., p. 41.

"Anne, during the last three years, had given a great deal of serious consideration to the psychology, not only of the blind, but of that great carelessly thinking mass, the general public. She had reached the conclusion that most people maintained three wrong attitudes toward the blind. Two of them the young mothers had just now put into spontaneous words: 'Poor little thing!' and 'Isn't it wonderful!' The third was, 'Oh, they can't do anything; they can't see.' A blind person, Anne thought, hearing these things constantly, would presently accept them as true and fall into an attitude of self-pity, self-conceit, and self-distrust, terrible in its effect."

Tendency to group feeling.—Although every effort is made by Anne, the woman who adopts the blind girl in the story, to treat her as an individual and to develop in her a personality as normal as possible, toward the close of the book the difficulties of such a course are brought out in a vivid passage: ⁶

"'Friendship,'" said Lee unhesitatingly. 'It's what we need most.'

"'We?'

"'Blind people."

"Anne was taken aback. With that 'we' Lee linked herself definitely and acceptingly to a class. Anne had striven lifelong to keep her an individual. An individual she was—no doubting that—yet Anne, gazing at her in perplexity, could not but realize the bond with those others, the allegiance; a tie like like that of race, of nationality. Closer, perhaps, for it held a closer understanding of mutual need and failing. Closer than Anne, for all her devotion and her searching theory, could ever gain. There would be always that barrier between her and Lee, between her and Lee's fellows in blindness, greater in some ways than a difference in race or language, for Lee thought, really, in a language for which there could be no interpreter."

These selections throw light on some of the most frequent

⁶ Price, op. ci³., p. 364.

mental states of the blind. In addition, it should be mentioned that probably a considerable proportion of the blind are more given to pessimistic reverie than are ordinary persons, due to the lack of the stimulation of visual presentations.

Positions taken by extreme groups.—Then, too, there is the reverse side of the so-called pension movement of recent years. Just as soldiers in the past have been reputed to develop a "pension psychosis" and injured workmen a "compensation psychosis," so the agitation for a fixed public allowance has tended to get into the minds of a fraction of the blind the thought that the state owed them support, and in communities where there is no such allowance, has filled them with aversion for the efforts that they have to put forth to gain a living.

Sometimes identical with the extreme pension movement and sometimes independent of it is another current of thought which has a distinct effect upon the place of the blind in the community. This consists in something akin to the Hungarian Independence movement of the old Austro-Hungarian Empire and the Sinn Fein movement in Ireland in the national fields. It finds expression in the formation of organizations containing only blind persons and the doctrine that the blind themselves in all instances are best able to work out measures for the betterment of the group. Extreme advocates of this point of view sometimes prove most unco-operative toward plans which have the best promise of ameliorating the condition of the blind, and, on the other hand, support absurdly unsound schemes just because they are proposed by other blind persons. It introduces a complication in dealing with the blind that is not present in connection with any other handicapped group.

Small proportion self-supporting.—The net result of all of the efforts in the past to improve the economic situation of the blind has been regretfully little. According to the best available information, only a small proportion of the blind can be said to be self-supporting. Dr. Best concludes 7 from an analysis of the data that only $\frac{1}{6}$ of the blind over 10 years of age are gainfully employed. He thinks that not more than $\frac{1}{14}$ could be said actually to be able to support themselves.

The situation is further darkened by the fact that the average earnings of those who are producers are quite low. Thus, the annual earnings of $\frac{4}{5}$ of the men amount to less than \$500 and of $\frac{2}{3}$ to less than \$300. On the other side of the picture must be noted that all of this data relate to a period before the launching of the rehabilitation movement. It remains to be seen whether this great activity, designed to improve the condition of all handicapped persons and to win the public's cooperation in bringing about their self-support, will have a beneficial effect upon the blind also. It is probable, too, that the commission or field activity movement for the blind has not yet had time to show its best results. If it were not for some of the exceptional, unfavorable factors at work the two movements mentioned should through joint endeavors bring about eventually an increase in the number of self-supporting blind.

Occupational range very narrow.—Because of the greater length of time during which work has been done for the blind more is known definitely about the occupations in which they are engaged than in regard to other types of handicapped persons. The blind of course are like any other segment of the population and display great variation in ability. The occupations they follow, therefore, cannot be lumped together but can probably be best considered if divided into two groups—those suitable for the blind person of ordinary endowment and those suitable for the blind who are exceptionally gifted.

It is with the first group as a rule that the greatest difficulty is found. The most discouraging feature of their situation is the exceedingly narrow range of the occupations that seem to

⁷ Best, op. cit., p. 80.

be open to them. There are many bad effects from such a limitation in the field of choice. Blind persons cannot on this account express their individuality as well as others. It makes it more difficult for them to adapt themselves to different localities and different economic conditions. It raises the danger of overcrowding one or all of the callings which they choose. It also re-enforces the tendency to make a segregated class out of the blind. The extreme bunching of the blind in a few occupations can be shown by citing the statement of Dr. Best that over 50% are in the four occupations for which training has most often been given by the state institutions, viz., music, broom making, piano tuning and weaving.

The traditional callings.—Music and piano tuning are obviously lines which should call for exceptional talent but the very statistics as to their wide adoption would indicate that many who have no genuine qualifications have gone into them. For the ordinary ungifted blind person the handicrafts have undoubtedly been the chief recourse and among these weaving, basketry and chair-caning have been the leaders. None of them deals with a fast moving product. Hence, any one of them alone is a poor reliance in a small community. Weaving is probably the most remunerative of the three. The market for basketry has been greatly hampered by the improved methods of production in the industrial world and by the wide use of basketry as an occupation in other activities. Chair-caning still has good returns when it deals with large orders but when it becomes a matter of collecting, repairing, and returning small orders it can hardly be made to pay. Broom making presents many problems of manufacturing and of marketing. It is done sometimes by individual blind persons in small communities but it has been most successful when followed in a broom factory conducted especially for the blind.

Conditions for success in handicrafts.—In general, the present-day world is unfavorable to handicrafts. It is a day of stand-

ardized machine production. Nevertheless there is and probably always will be a small but steady demand for handicrafts of good design and workmanship—articles with evident points of superiority over the machine products. The successful continuance of handicrafts for the blind would therefore seem to depend largely upon better arrangements for quality in the products and improved methods of marketing. Some of the private organizations for the blind and some of the state commissions have had signal successes along this line. A notable achievement has been that of the Minneapolis Society for the Blind which has insisted upon a quality standard for the products which it markets and has adopted a very expressive trade mark for these products. The chances for self-support on the part of the blind person of ordinary ability would seem to depend upon such improvements in connection with the handicrafts and upon the direction of increased numbers into other lines as far as they can be found.

In addition to the handicrafts, a number of other occupations have been tried out as suitable for the mass of blind persons but the great difficulty has been that the conclusion usually reached is to the effect the occupation is favorable only to the exceptional. Among these other occupations have been such things as massage, typewriting from dictaphone, shoe repair and salesmanship.

Massage.—The idea of utilizing blind persons as masseurs seems to have had its origin in China where it is said they are preferred in this line because of their delicate sense of touch. If it is true that there is a heightened sense of touch in the blind, it would be most marked in those who have been blind from birth or early years and would not be present at all in those who had followed a manual occupation and been blinded in adult life. If therapeutic activities develop in this country as they should, there ought to be increasingly large opportunity for persons who are skilled in giving massage. For most of this

work, however, the ordinary blind person cannot qualify. It requires a very considerable amount of instruction in physiology and anatomy as well as training on the practical side. Blind persons who are trained only for simple massage work have not always found enough employment to make a living and the demand for the service in connection with physical restoration has not yet reached the proportions that it should.

Typewriting from dictaphone.—Typewriting from dictaphone calls for attainments that are quite above the average and the possibilities for employment are uncertain in many parts of the country. To be able to do this work a man or woman should possess the same ability and the same educational equipment as the skilled secretarial worker, with even greater skill in accurate typing. After taking the training and demonstrating the possession of such unusual qualifications the blind person finds that he or she can get employment only in certain kinds of establishments making use of the dictaphone, and at a smaller wage than a sighted secretary or stenographer. There is the further consideration that steady typing from a dictaphone is a great strain upon the nervous system and will wear out persons who are not of strong constitution.

Shoe repair.—Shoe repair is an occupation that has been but little followed by the blind in the United States. In England the old style cobbling was one of the standard occupations taught at St. Dunstan's Hostel, the re-education school for the blind founded by Sir Arthur Pearson in the early years of the World War. In Canada and the United States, however, the practice is to make much use of machinery in connection with the repair of shoes, and competition is keener. Not very many of the blind, therefore, have attempted to do shoe repair as it is conducted on this side of the water. It requires a distinctly higher type of skill than cobbling. In addition, it calls for considerable business ability. Since there is almost no chance of employment in the line it must be conducted as an inde-

pendent business. Another disadvantage is that the cost of the equipment is quite large. All of the operations can be performed by a blind man but for some of them it is highly desirable that there should be the assistance of a sighted person. The conclusion, therefore, with regard to shoe repair for the blind would be that it is an occupation to be followed only by a blind person with a combination of manual skill with business ability and circumstances such that a considerable investment could be afforded, and preferably in a location where there would not be great competition, as in a small town.

Salesmanship.—For salesmanship more can be said as an occupation which can be followed by a blind person of ordinary ability as well as the exceptional one. This is not equivalent to saying that no special knack for selling is required. Like the seeing person, the blind person who has a special gift along this line will make an unusual success. But many who have no marked bent for the calling can find a means of livelihood in it. Salesmanship is of course a very broad term and covers a wide variety of occupation. Perhaps more of the blind are concerned in the cruder forms of it which are known as canvassing than in the higher types. Among the higher grades of the work which have proved acceptable to some of the blind of unusual gifts are the selling of insurance and real estate. Both of these lines will repay considerable preparation and have been demonstrated to be capable of yielding very good remuneration.

Small businesses.—To the occupations named should probably be added the conduct of various small businesses. Many of these do not call for any unusual amount of ability. In the main, the requirements are chiefly industry, perseverance and a certain amount of initiative for managing affairs. Among the feasible businesses are news stands, magazine agencies, confectionery stores and small groceries. To be sure, the difficulty of a capital investment is present here again. Unless there are some funds that belong to the blind person or unless there is

some loan plan available this means of livelihood is out of reach.

Factory occupations.—One other form of occupation for the ordinary blind person which has shown its possibilities of recent years and which holds out much hope remains to be noted before any more or less artificial solutions are considered. This consists of placement in factory occupations along with normal workers. The first reaction to this suggestion has usually been one of incredulity. The hazards of the modern factory and the speed of production at once come into the mind as insurmountable obstacles.

However, there are some considerations which neutralize both these objections. The first is that the modern safety movement is rapidly tending to make the present-day factory as safe from the mechanical standpoint as is humanly possible. The interests of the normal workman are the same as those of the blind in this regard. The second is that the tendency of modern industry to a minute subdivision of processes makes it possible for a blind person to reach his station in the factory, remain there through the working period and perform one or a few processes as successfully and as safely as any other worker. From the standpoint of production, too, the subdivision of processes makes it possible for the blind person to do as much as one with sight if only he is capable of putting forth an equal amount of energy. It is true that many of the blind are substandard persons from the standpoint of nervous organization but so too are many workers with vision. There are many of the blind who can put in steadily and energetically the same number of hours as the ordinary operative.

Locating opportunities through survey.—The chief difficulties in the way of employment of the blind in factories have been two: first, the idea is so startling at the outset that the average employer refuses even to think about it; and, second, the blind persons assigned to factory work must be such as are fitted to it or they will prejudice the experiment at the start. An ex-

cellent way of overcoming the incredulity of the employer as to the possibilities of the blind in factory occupations is through the use of a blind worker to demonstrate what can be done. The method followed is to make a survey of the factory where processes might be found, then secure permission to try some of the operations. This has been followed in Cleveland, Ohio, Grand Rapids, Mich., and the three large cities of Minnesota— Minneapolis, St. Paul and Duluth-where the experiment was made by the State Division of Re-education. Results in securing the employment of the blind in factories have been most successful in Cleveland where 79 different types of factory jobs have actually been followed successfully by the blind. The best lines that were found were in the metal products factories where small assembling jobs were discovered to be especially feasible. The state survey made in Minnesota disclosed that ninety processes in the factories of the three cities were feasible for blind persons. Lists of the processes successfully followed in Cleveland and of the ones found feasible in the Minnesota survey are included in an appendix.

The special workshop.—Much has already been said in regard to the special workshop movement. These have been conducted both under public auspices and private auspices and have ranged all of the way from thinly disguised relief institutions to successful plants on a strictly self-supporting production basis. As a rule, private agencies have had the greatest success in leading up to a self-supporting stage the industries which they have founded. The industry which has lent itself best to the purposes of a special plant for the blind is broom making. The private societies for the blind in Cleveland, Minneapolis and several other cities have entirely successful broom factories which they have promoted. The only way in which such factories differ from the ordinary factory is in giving employment so far as possible only to the blind. Usually a sighted foreman is required. Good business principles must be used through-

out in such things as the choice of workmen, shop discipline, purchase of materials and marketing the products. When so managed such factories not only prove to be a good place of employment at a living wage for a limited number of the blind but they also give employment to a considerable number of blind salesmen.

Industrial centers.—The industrial centers for the blind are again somewhat different from the factory idea. They as a rule deal principally with the handicrafts and provide a place of instruction and occupation for the blind rather than continuous employment. Usually their influence is intended to carry over to the homes and to stimulate the conduct of handicrafts outside the center. The market facilities of the center are then used to dispose of the products. The centers are valuable as try-out places to determine the blind person's aptitudes, as schools for those who can make sufficient progress in a handicraft to follow it successfully later by themselves, and as opportunities for many blind to secure occupation and partial support. They always conduct marketing activities and frequently also conduct an employment agency. It is obvious that such centers cannot be expected to be self-supporting and that a very considerable subsidy is justified. The whole situation in regard to subsidy is one which calls for great discrimination to make certain that those who are capable of making their way in the normal economic world should do so and that the degree of subsidy is not wholly incommensurate with the benefit secured.

The blind as musicians.—For the blind persons who are exceptionally gifted a wider range of economic adaptation is possible and the chances for good remuneration are much better. Music is the talent which has been most frequently believed to be associated with the blind. It is of course probable that there are no more persons with unusual musical ability among the blind than among an equal number of the normal population. However, the fact that a musical career was feasible for a blind

person has brought about a practice of developing the talent in any blind person who showed traces of it.

Then, too, the disposition of the public to marvel over any accomplishment of a blind person, quite regardless of whether or not it had any relation to the defect, has caused more attention to be given to the success of blind musicians. It should be noted also that the possession of musical talent makes possible a variety of careers. The blind are found not only in concert work in all the various forms of music but as music teachers, dealers in musical instruments and piano tuners.

In connection with the last mentioned occupation a knowledge of player piano repair is also becoming essential. This specialty is quite feasible for the blind but the opportunities for acquiring it are limited. The tendency of the blind to crowd into musical lines has in some communities caused a reaction against them because some who are incompetent have undertaken to follow such careers. Care should be exercised by all who train the blind to be sure they do not encourage persons to go into these occupations who do not have a definite talent for them.

Opportunity in teaching.—Teaching in other fields than music is also feasible for the blind in a limited way. They have been employed in institutions for the blind and in the gradually developing public school classes for the blind but their employment in the ordinary educational systems is much less than it would be if the public could once overcome its idea of the inefficiency of the sightless. Particularly in the universities should there be no question about the practicability of hiring blind persons in an instructional capacity when the work consists largely of lecturing and classroom discussions with very little or no element of discipline. One of the unusual successes of the Division of Re-education in Minnesota consisted in training and placing a young blind man as instructor in economics. A careful check of his work by the university authorities showed

that he was maintaining quite as high a standard as any others on the teaching force.

Readers and entertainers.—The occupation of public reader is another which can be followed by a blind person of special qualifications and good presence. This has been demonstrated in a number of instances. The occupation is still remunerative if the person engaged in it has unusual abilities. Calling for a combination of the talents of the public reader and musician is the vocation of entertainer. For a blind person who has these abilities, a good presence and good carriage, success can be quite readily attained.

Law.—Law is often mentioned as a possible occupation for the blind. The tradition for this has probably arisen from the continuance in their profession of lawyers who had become blind. It is a very difficult line for a person already blind. The educational attainments required nowadays, the length of the law course itself, the strictness of the bar examinations, the amount of competition and other factors militate against the success of a blind person unless he has unusual circumstances in his favor.

Vocational restoration of blinded war veterans.—As was true in the general field of rehabilitation for physical disabilities, so in connection with the blind also, an examination of the experience in the special work of rehabilitation of war service men is worth while. In England and Canada the chief new inspiration came from the work of Sir Arthur Pearson who founded St. Dunstan's Hostel in December, 1914. A considerable proportion of the Canadian soldiers were re-educated there along with the British soldiers and when Canada undertook to care for some of its own blinded service men at home the training centers were modeled on Sir Arthur Pearson's ideas.

Sir Arthur Pearson's policy.—The principal new policy adopted at St. Dunstan's is thus stated in the Canadian report: 8

^{*}Walter E. Segsworth, Retraining Canada's Disabled Soldiers, J. deLabroquerie Tache, p. 134.

"Sir Arthur Pearson promulgated a pioneer policy in the world of blind re-educators when he made plans for putting back into their original professions or businesses all those men who, by reason of previous training, experience, and mental capacity, were considered likely to succeed in spite of their handicap. This training takes various forms according to the nature of each case. . . . In the case of an engineer, instruction has been given in office work, use of the dictaphone besides other general training, and as a result office work could be followed along the lines for which he was best fitted. Courses for insurance canvassers, lawyers, clergymen and storekeepers and others have been especially arranged where required. Every man on coming up for training is surveyed carefully for the purpose of determining whether it will be possible to fit him to return to his former occupation, as it is recognized that such occupation was formerly followed by choice and would naturally be the most congenial."

Among the new vocations which were taught was massage. About 100, including both English and Canadians, were trained in this line. Poultry farming is also mentioned in the Canadian report as an occupation in which the blind were succeeding. In England, as has been mentioned, cobbling proved to be a favorable occupation for the blind to such an extent that over a hundred were graduated from St. Dunstan's and started in business successfully.

Plan of veteran work in United States.—In the United States the center for retraining blinded service men was Evergreen School for the Blind at Baltimore, Md. The scope of the work in this school was outlined in the following manner by Maurice I. Tynan while serving as superintendent: 9

"1. Social Adjustment—accomplished by mingling with other men of similar disability, taking part in dances, theater

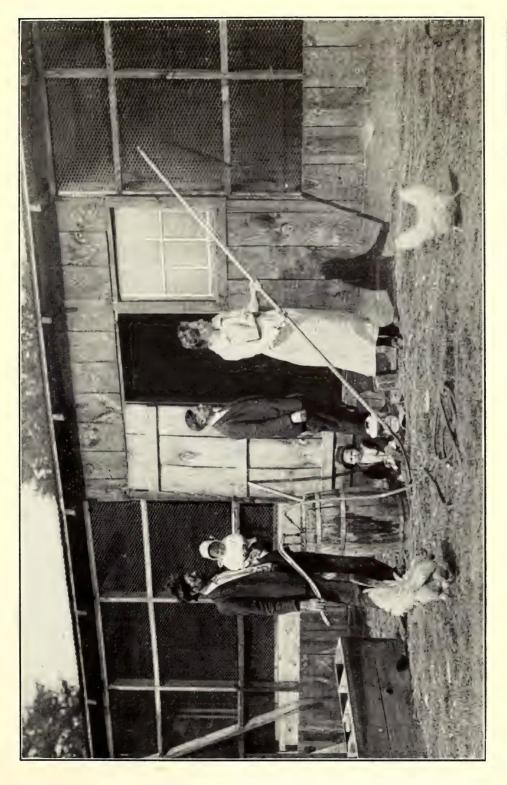
Maurice I. Tynan, "Have our War Blind Been Rehabilitated?" Outlook for the Blind, Vol. XIX, No. 1, p. 11.

- parties, games, etc., with the purpose of learning how to adapt themselves to live as blind men.
- "2. Learning how to read and write Braille and operate a type-writer.
- "3. Development of the sense of touch through hand training.
- "4. Mental Stimulus-memory and mental training.
- "5. Recreation—training for leisure time through the medium of music and games and the reading of Braille.
- "6. Specific preparation for employment objectives requiring higher education—learning to study as a blind person."

Poultry raising proves highly successful.—He says that the vocations which were found most successful were poultry raising, massage, storekeeping, basketry and rug weaving, and in some instances, where the man had sufficient talent, music. The report of the Veterans' Bureau for 1924, page 280, is of like tenor and states:

"An analysis of the rehabilitated cases shows that the three most successful employment objectives for the blind have been poultry, massage, and storekeeping. Of the 26 trainees rehabilitated in poultry raising 22 are successful, 2 partially so, and only 2 have failed. Fifteen trainees are successfully employed out of the 24 rehabilitated as masseurs. Three are partially successful, 3 are not yet employed, and 3 have refused employment. In storekeeping, of the 19 men rehabilitated 14 are successful and 5 unsuccessful. The range of employment objectives in which the blind have succeeded, in addition to the above, includes law, osteopathy, teacher, music, piano tuning, broom making, upholstery, and factory operations."

It would seem, therefore, that the experience in re-establishing persons who lost their sight in war service has not been strikingly different from the experience with the civilian blind except that it was possible on account of greater resources being available to carry to full development plans for those with exceptional talents and plans which involved some investment of



ALABAMA SOLVED THE PROBLEM OF A BLINDED MINER AND HIS WIFE, WHO HAD LOST THREE FINGERS IN A LAUNDRY ACCIDENT, BY TRAINING THEM AND STARTING THEM IN POULTRY RAISING



capital or maintenance during a considerable period when business or practice was being established.

Duty of the rehabilitation agency.—The foregoing survey of the occupations followed by the blind in the past and of the experience in the rehabilitation of service men throws much light on what should be the function of the new general activity for the rehabilitation of all disabled civilians. It is obvious that the blind constitute a special problem and that specialized activities for them are quite necessary. It is also clear that the full possibilities of the economic adjustment of the blind in the modern world have not been attained.

Much of the work that is being undertaken by the new rehabilitation movement will have implications and reactions that ought to be very helpful in connection with the problems of the sightless. It would seem to be a sound conclusion that for the state rehabilitation agency to hold entirely aloof from work for the blind is wholly unwarranted. It owes at least the duty to the blind of bringing to them the impetus and the inspiration of its successes with other disabled persons, the lesson of the possibilities of flexible methods and the hope of gradually effecting a change in the public attitude toward the handicapped.

Close correlation with special activities needed.—To be sure, anything done for the blind by the rehabilitation agency should be in close correlation with existing activities for the blind. The scheme in operation in Minnesota, which undoubtedly has its parallel in some of the other states, may be cited as illustrative. The State School for the Blind trains the blind children and blind youth and gives summer school courses of a readaptational and vocational nature to blind adults. The State Department for the Blind under the State Board of Control, corresponding to the Department of Public Welfare, has general powers of assisting the blind by home teaching, by providing supplies, tools and equipment for occupations, by arranging for marketing products, by supplying maintenance while a blind

person is in training under the rehabilitation agency, and by extending relief according to the needs of the individual case. It also has the function of supplying leadership in the prevention of blindness. The Division of Re-education, which is the state rehabilitation agency, arranges for the vocational training of blind persons other than those attending the state school. There is also a well developed public school system of sight-saving classes and classes for the blind, particularly in Minneapolis and St. Paul. In the three large cities, too, there are flourishing local societies for the blind with a varied range of activities.

Case committee to further co-operation.—With all of these independent and somewhat overlapping agencies there would be an excellent chance for duplication and antagonistic work. The situation has been met, however, by a general understanding for co-operation and by the formation of a Case Committee. This committee is made up of the superintendent of the State Department for the Blind, the Director of Re-education, the superintendent of the State School for the Blind, the Supervisor of Sight Saving Classes in Minneapolis, the secretary of one of the local societies for the blind, an expert case supervisor from one of the family welfare associations and representatives of such other agencies as may have a particular interest in the All cases which involve a rehabilitation problem and some other cases which call for the work of more than one agency are brought before the Case Committee which meets as often as required, but usually once a month. The meetings have in the belief of the members of the committee effected a better solution of many problems of the blind and have made a definite thing of the general goodwill and co-operative feeling that has always existed.

Co-ordination of state agencies.—Naturally the State Department for the Blind and the Division of Re-education have the largest field in common in connection with rehabilitation and

must have more frequent contacts than the Case Committee permits. Copies of records are therefore exchanged by the two agencies and every effort is made to keep the work closely articulated. It has come to be an accepted principle that the first contact with a blind person should be made by a worker specialized in dealing with the blind. The Division of Re-education therefore awaits, whenever possible, a report from the Department for the Blind before making its contact and devising a rehabilitation plan. Usually the plan is made jointly and arrangements are made to divide the field work so that as a rule not more than one worker will be in touch with the trainee during each period of the rehabilitation.

The Division of Re-education also has close relations with the State School for the Blind. It is the practice of the Division to give vocational guidance to the older students at the State School and to co-operate in connection with the summer school work for adults. The summer school has been found to have much value as a readaptational center and as a place for tryout vocational training. Usually, when the Division of Reeducation has found a newly blinded person during the year and there are no pressing reasons for earlier readjustment, it has recommended attendance at the summer school in order that the client may best learn to conduct himself as a blind person and may have a contact with the different occupations possible to the blind.

Vocational guidance.—Toward the close of the summer school session a representative of the Division visits the school and undertakes to make a definite vocational plan for those who have reached that stage. This is all in accord with the principle stated by Miss Marguerite Lison, Director of Industrial Rehabilitation, South Dakota, at the St. Louis Conference on Vocational Rehabilitation in 1922: 10

¹⁰ Proceedings of the First National Conference on Vocational Rehabilitation, Federal Board for Vocational Education, p. 80.

"An example of this in my own work has been the work with the blind school. Heretofore individuals placed in training were trained more or less as a group without any attention paid to the industrial needs of the time or the interest or capability of the person placed. As much as possible for the children and adults who are placed there a survey is made and a plan worked out for their future."

Peculiar functions of rehabilitation agency.—In a specific way the peculiar place of the state rehabilitation agency in the work for the blind might be given as related to four different phases: first, dealing with compensation cases; second, effecting training for exceptional cases; third, effecting rehabilitation where flexibility of arrangement is required; and fourth, giving or assisting in giving vocational guidance so that the work for the blind will be kept related to the other work for the handicapped.

Dealing with compensation cases.—The compensation cases call especially for the interest of the rehabilitation agency because of its close relations with the Industrial Commission and the experience it gains from handling other compensation cases. It is likely to learn of these cases before the specialized agencies for the blind hear of them and it can make certain that all that is done is related properly to other activities for compensation cases. The function of the rehabilitation work as a supplement to the compensation work almost necessitates an interest in the blinded industrial workers as well as the others.

Training the exceptional blind.—The rehabilitation agency is also unusually well fitted to give training in the exceptional cases. Very often the special provision for the blind is not broad enough to take care of some of the unusual courses which are required by blind persons of extraordinary gifts. These are the very ones, however, which will most repay society for intensive preparation.

Supplementing with flexible arrangements.—In connection with the third phase mentioned, effecting rehabilitation where

flexibility of arrangement is required, it may be objected that sometimes the specialized agencies for the blind are authorized to act in a broader capacity than are rehabilitation agencies. This is true, but it is also true that the rehabilitation agencies usually have a greater knowledge of training facilities and a greater latitude in making training arrangements. They are therefore frequently in a good position to supplement the work of the agencies for the blind when some new form of training is desired or when a form of training is desired in a locality where the agencies for the blind have had no previous contact. It is in this phase of the work that the rehabilitation agency is most frequently able to help the blind person of ordinary capacity.

Widening the range of occupations.—In its development of guidance work the rehabilitation agency can best bring its influence to bear for a widening of the range of occupations for the blind. It also offers the best chance to make available to the blind the new ideas and new industrial developments that come from the general field of readjustment of the handicapped.

Braille as part of vocational training.—Two questions that continue to arise in connection with a rehabilitation agency's dealings with blind clients relate to braille instruction and to the employment of readers. In a general way, instruction in braille is readaptational. On this side it is not so much the specific duty of the rehabilitation agency, although it may well form an incidental part of the training plan. In not a few instances, however, instruction in braille has a direct bearing upon the pursuit of a vocation. These are the cases where there is some necessity for keeping accounts, such as in salesmanship, poultry raising and similar things. When braille is taught in connection with such training or following such training it is evidently an integral part of the vocational preparation.

Use of reader in training.—The question of readers is largely a question of expense. It is clear that in many of the special

courses given to blind persons a reader is required. Frequently the cost of the reader is as great as the tuition cost. Rehabilitation agencies in their desire to conserve their funds will do their utmost to keep down payments for a reader. In some instances there are other members of the blind person's family who can render the service and at other times voluntary help is feasible. But when there is no alternative the rehabilitation agency must assume the cost of the reader as a legitimate item of the training, merely protecting itself against exorbitant charges.

Underlying success factor is morale.—The determining factor in the rehabilitation of blind persons is usually found to be the same as in the case of other handicapped persons, namely, the morale or spirit with which they face life. The success of the blind person may at times be more startling or the failure more ignominious but the principle is the same. The blind who succeed are those who have the spirit that has been so well described by Sir Arthur Pearson: ¹¹

"We who are blind cannot see the glory of the sunrise, the splendor of the sunlit days nor the pageant of the sunset; we cannot see the tender beauties of the moonlight night nor the brightness of the stars; the hills, the woods and the fields, the sea and the winding courses of the rivers are hidden from us; we cannot see the buildings of our cities, nor our homes, nor the movements of life, nor the faces of our dear ones. There is much that we cannot see; there is one thing we will not see, if we can help it, and that is the gloomy side of our lives."

The injustice of tolerating mendicancy.—In addition to the severity of his handicap, the blind person has to face an even stronger tradition of association with beggary than does the average handicapped person. This is at least one social disadvantage that intelligent public interest could remove. The

ⁿ Sir Arthur Pearson, Victory over Blindness, p. 13.

position of the self-respecting blind on this matter is stated by J. J. Childs: 12

"We hold that so public a sanction of vagrancy is a threefold injustice. First, it is a very real handicap and source of
annoyance to those of us who are trying to earn an honest
living, as there is a tendency on the part of the unthinking
public to measure us all by a single standard, and this standard is as likely to be that of the tin cup as any other. It is
an injustice even to those who reap its doubtful benefits, for it
stifles self-respect and ambition and forces them to accept life
on a very low plane. It is an injustice to the community in
that the community pays too much for the good accomplished.
The practice of public begging among the blind is inherently
vicious and must be stamped out."

National organizations.—A number of hopeful factors in the situation regarding the blind should be noted in addition to those which have been mentioned. The first consists in the existence and activity of two strong national organizations. One is the American Foundation for the Blind which has been promoting and guiding a wide variety of work for the blind throughout the country. It publishes a quarterly magazine for the blind under the name "The Outlook for the Blind," conducts research, makes surveys, maintains a national information bureau and arranges scholarships for the education of the blind. The other country-wide agency is the National Committee for the Prevention of Blindness which is trying to focus the public attention on the urgent need for eliminating the causes which have been responsible for the presence in our citizenship of so many sightless persons. So large a number of the causes are preventable that the committee's campaign must appear in line with sound public policy. The managing director of the committee is Louis H. Carris, the first head of the Civilian Rehabilitation

J. J. Childs, "Blindness as Affected by the Popular Attitude," Outlook for the Blind, Vol. XVII, No. 3, p. 30.

Service under the Federal Board for Vocational Education. Cooperation in the prevention work of all forces engaged in rehabilitation is certain to become an important feature as other comprehensive programs for dealing with disability are worked out.

Other hopeful factors.—Another forward-looking development in work for the blind has been the movement for public school classes for blind and semi-blind children. The whole philosophy of this movement is in the direction of treating the blind more as members of the normal community and getting rid of the idea that they are to be a segregated class. It should tend strongly to reinforce the rehabilitation principle of getting them into an occupation in the normal economic world rather than placing great reliance on specialized and subsidized enterprises.

Finally, the existence and progress of a considerable number of local private organizations devoted to the blind is a further factor in helping the sightless group to fit into the community instead of attempting to constitute a world of their own. The flexible program and sound social concepts of these societies are proving to be a great force in ameliorating the lot of the blind. Despite the difficulties that are present in the problem of the blind, therefore, the day is approaching when the world will, as Miss Price puts it, treat the blind with sympathy instead of with pity. "Pity is sympathy with imagination left out, you know. Pity is superiority; sympathy is equality." 13

QUESTIONS

- 1. What tremendous problems are suggested from data showing the extent and prevalence of blindness?
- 2. What direction have the earlier attempts taken toward the industrial restoration of the blind?
- 3. Is it possible that sighted people will never fully appreciate the

¹³ Price, op. cit., p. 365.

- "we-ness" which seems to be an inherent accompaniment of group psychology among the blind? Explain.
- 4. What conditions probably have favored restrictions on the training of the blind in a narrow range of occupations?
- 5. What fallacies are engendered and even fostered in suggesting freely that the blind enter musical careers or callings equally difficult of accomplishment?
- 6. Discuss the value of case committee efforts for the blind.
- 7. What vocational avenues might be explored for the blind of exceptional ability?

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PART VI AGENCIES AND DEVICES



CHAPTER XXII

THE FIELD OF PRIVATE AGENCIES

Since a public program of physical and vocational rehabilitation has been launched and is now reasonably well established, the question naturally arises, Why is there any field at all for private agencies? The assumption is usually made when any activity is taken over by the government that effort along the same lines by private organizations may be brought to a close as soon as the public facilities are available. The public has undertaken the job, let it do it, is the customary view.

Private work needed to create sentiment.—There are diverse and quite valid reasons why this view should not prevail with regard to rehabilitation. In the first place, the official rehabilitation work came about very suddenly. According to Homer Folks, it spread across the country more rapidly than any social movement except the great wave which carried with it the mothers' allowance work. It is an outstanding example of the efficacy of Federal aid in bringing into existence a much-needed social improvement. But the swiftness with which the machinery was created had its danger. The public was poorly informed as to the nature of the new activity and the need for it. The substructure of widespread favorable sentiment which would have been in existence had there been much private work of this nature for a considerable period or an active and long-continued campaign to secure the public machinery, has been lack-Until the people acquire a general understanding and appreciation of rehabilitation, its position as a part of the governmental structure will be precarious. The best support, the

best medium for carrying over the message of rehabilitation to the public in general consists of private agencies that have some phase or other of rehabilitation as their main purpose. They are close to the people, they are appreciative of the public service, they can interpret it better than can any other organization, public or private.

Private work as supplementary measure.—The second reason for private agencies is the great size of the rehabilitation problem. It would of course be theoretically possible for the state and national governments to appropriate enough money to do the entire job. But unfortunately the approach of the theoretically possible to the practically possible in this instance has not been very great. Most of the states have contented themselves with merely matching the Federal grant. This grant had no relation to the amount of work needing to be done, but was just an arbitrary amount held out to stimulate activity in the rehabilitation field. While the amounts appropriated by the states should and probably will be increased regardless of the size of Federal aid, it still remains very doubtful whether for at least a quarter of a century of the post-war period the public provision for the work will ever be anything like ade-The only alternative is therefore to supplement with all of the private activities for which finances can be secured.

Private work for flexibility.—A third major reason for private agencies is to be found in the intricate ramifications of the rehabilitation work and the extreme flexibility that is required in the conduct of some aspects. Although governmental work in this country is improving, it still has its limitations. It is still not as a rule held desirable for government to engage in business. But in the rehabilitation of some kinds of the handicapped such things as sheltered employment, marketing of products, financing of small business enterprises, and the like are essential. For aspects of this sort the private agency is

under present political and social concepts the only feasible method.

Classes of private agencies.—Sufficient reason therefore may be found for the existence and continuance of private agencies. The respective scope of the private work and the public work can better be seen after a survey of the various kinds of private agencies now functioning and projected.

Private agencies might be classified in three ways: first, as to territorial limits, whether local, state, or national; second, as to the kind of service rendered; and, third, as to the nature of the group to which service is given. Every combination of these three classes is possible; hence the field is a very heterogeneous one. The situation is simpler than it appears, however, since by far the greater number of organizations are local in character and it is not difficult to consider the local ones with respect to the other two classifications. The state and national organizations are relatively few and may be readily discussed afterward.

Institute in New York.—The first to warrant consideration among the local agencies would be those that are comparatively general in service and in kinds of the disabled given care. Perhaps the most famous of these is the Institute for Crippled and Disabled Men in New York City, discussed in Chapter II as one of the centers from which the nation-wide rehabilitation program originated. This was founded in 1917. Its primary activity has been training. It has operated a school directly and given instruction in a limited number of trades. It has also conducted a very efficient placement service accomplishing a considerable volume of rehabilitation by placement alone. Another important side of its work has been the welfare activities, by which it has undertaken through entertainments, picnics and similar means to bring a measure of social enjoyment into the lives of the handicapped. Provision of artificial limbs at

cost and on easy payments is still another of its worth-while activities.

Finally, the work which has extended its influence over the widest range and attracted the most attention is its research and publicity department. In both these phases it has made valuable contributions. Many of its studies into special aspects of rehabilitation are still authoritative, and the publication "Thumbs Up" carries information and inspiration to all parts of the country. In the main, the work has been confined to the group coming within the definition "crippled." The director of the institute during the greater part of its existence has been John C. Faries, Ph.D. Its support has been derived from an endowment.

The Cleveland Association.—Hardly less celebrated than the Institute in New York is the Cleveland Association for the Crippled and Disabled. In its present form it dates from about the same time as the other organization, but through one of its constituent activities it traces its history to a much earlier period. It was formed by a merger of a number of organizations following the Cleveland survey of cripples conducted in 1916. One of the agencies which thus gave up its identity was the Sunbeam Circle, which started in 1888 as a group of little girls who took upon themselves the task of bringing happiness into the lives of crippled children. The enlarged organization undertook a broad program for all of the disabled, both children and adults. Since March 3, 1922, it has had a building of its own, known as the Orthopedic Center. It is financed by the Community Fund.

A good description of its work was given by W. F. Shaw¹ when supervisor of rehabilitation in Ohio. He listed the following: "1. an information department; 2. a social service department which in addition to doing medical social service furnishes

¹Proceedings of the First National Conference on Vocational Rehabilitation, Federal Board for Vocational Education, p. 97.

transportation and administers a loan fund for the purchase of artificial limbs: 3. a home industries department which provides work and thus diversion and income to the home-bound; 4, a home physiotherapy department which provides treatments for those for whom no arrangement can be made through the regular clinics; 5, the Sunbeam training school and workroom, which offers training and work opportunities in the making of children's clothes to girls and women who cannot be placed in regular industry; 6. an employment department closely affiliated with the one branch office of the civilian rehabilitation service, which is housed in this center, and the Sunbeam shop which is the salesroom for the products of the training school and workroom; 7. a brace shop; and 8. the occupational shop conducted by the association in the wards for the cripples at the city infirmary." The association would be justified by its work for shut-ins alone. In recent years it has succeeded in providing through home industries complete or partial support for fifty of this type. The total value of the articles thus produced and of the articles made by crippled girls in the training school is about \$15,000 a year.

Specialized service in physical restoration.—Of the agencies which give a specialized service those which undertake some phase of physical restoration are probably the most numerous. Every city has its illustration of this kind of agency, either in clinic, hospital, convalescent home, or supplementary activity, or varieties of all of them. The physical restoration side is so little covered by governmental activity that no discussion of the need for private effort is required. The main elements of the topic have been treated fully in previous chapters. It only remains to be noted that as official provision is made for some of the major phases of physical restoration, attention of private agencies will be more and more directed to the supplementary activities or the less well-established modes of treatment. An example may be found in the effort now being ex-

pended to introduce occupational therapy as an adjunct of civilian hospitals and physical welfare work conducted by nursing services. Thus in Duluth occupational therapy has been provided by an organization devoted especially to this purpose. Although employing only one worker, it reached 258 disabled persons during the year 1924. This activity is so vital both to a physical and a vocational rehabilitation program that its spread through means of a special organization certainly should need no defense.

Private placement work.—Another specialized service for the handicapped which is found occasionally is placement work. This was one of the earliest forms of vocational help for the handicapped and there are sound reasons for its continuance as a private activity unless public developments are much greater than can reasonably be expected at present. The need for rehabilitation by placement alone is so great in connection with the older groups of the disabled and in connection with some of the types such as the tuberculous and the cardiac that it is difficult to see how the public agencies can meet it adequately without neglecting the training work for which they are so much better equipped and which gives so much more lasting results. This relative lack of permanency in rehabilitation by placement is in itself a reason for the existence of supplementary work by a private agency. The original placement may be conceived as legitimately within the scope of the public agency, but when numerous replacements become necessary, as is very often the case, they can hardly be looked upon as rehabilitation, but simply as employment service for the handicapped. Another reason for the continuance and even new promotion of private placement work is that placement is essentially local and intensive. It is more difficult of management by a state-wide service than are the other parts of a vocational rehabilitation program. As a rule therefore a community can always secure a more thorough-going type of placement service by having its own private agency than by depending upon the public activity which must cover many phases and spread itself over the entire state.

A fairly well-represented type of special service is that of sheltered employment. The Goodwill Industries are an example. They are now found in many cities, and usually benefit all kinds of disabled persons. There are also many activities of this nature not connected with any system. The subject is of such importance that it is treated in detail in the chapter on special solutions.

Work for the tuberculous.—The classification according to the group served again brings out a diversity of agencies. The most numerous are probably the organizations for the tuberculous. In the main these have devoted their efforts to physical restoration and to educational work. More recently there is a tendency to deal with after-care and particularly to face the problem of readjustment of the tuberculous in suitable vocations. Notwithstanding the gratifying progress that has been made in coping with tuberculosis, the problem is still so large that without private assistance not much headway could be made in the after-care phase. It is probable therefore that in the immediate future local Public Health and Anti-Tuberculosis Associations will more and more take up the financing and managing of placement work and employment plans for the tuberculous.

Crippled children activities.—Organizations for crippled children are among both the older and newer of private agencies. Some of them date back to the beginnings of work for the handicapped, while a great many of them are the result of the rapid extension in their field in recent years. Their activities range all the way from the conduct of clinics, hospitals and convalescent homes to all varieties of supplementary work such as promotion of surveys, encouragement of educational facilities, provision of braces, appliances and supplies, conduct of summer

camps, arrangement of entertainments, and similar things. The tendency has been for the more recently founded agencies to undertake the less formal and institutional activities.

Service for the blind.—The blind are also among the groups that are given the service of special organizations in a considerable number of cities. The work is usually of a general nature, depending for its variety upon the strength of the agency. Cleveland again furnishes an outstanding example. The Cleveland Society for the Blind has been in operation since 1906 and has carried out a many-sided program. It has operated a broomshop, furthered the marketing of home products, pioneered in arranging for public school classes for the blind, done placement work, stressed the need for prevention of blindness, arranged entertainment, and in numerous ways given social service to the blind. Especially striking has been its work in the employment field in opening up many remunerative factory jobs to blind persons. The continuance and even expansion of these societies for the blind, despite the fact that public agencies in the same field have long been well established, is a striking illustration of the interrelationship of the two methods of operation and the mutual benefit of one to the other. It is only partially accounted for by the unusual difficulty of the problems of the blind.

Hard of hearing leagues.—The group that suffers from defect in the sense of hearing does not have so many special agencies, nor do the experiences of such as are found cover so long a period. The deaf proper seem to have public care almost exclusively, in so far as they require attention. Recently, however, there has been a definite movement to organize facilities for the hard of hearing. This has resulted in the founding in quite a number of cities of leagues having the welfare of the hard of hearing as their particular mission. The problem is not so complicated as that of some of the other groups that

have been discussed, and the activities are confined chiefly to advisory service, finding employment and fostering social life.

New movement for the cardiac.—Another group for which private agencies are just beginning to be organized is the cardiac. In magnitude of the problem and in some other aspects there is a close resemblance to the work for the tuberculous. Fortunately, however, the fear of infection by fellow-workmen is absent, so the educational side is not so difficult. There is a thriving organization in New York City called "The Association for the Prevention and Relief of Heart Diseases." Among its objects are the following: to seek and provide occupations suitable for patients with heart disease; to promote the establishment of special dispensary classes and better hospital care for patients with heart disease; to extend the opportunities for adequate care of cardiac convalescents; to encourage the establishment of associations with similar objects in other cities. A very great extension of work of this kind may be expected in the near future, as the public becomes alive to the need.

State and national organizations.—When attention is turned to organizations of state and national scope, it is noted at once that the field becomes much simplified. Agencies of this character are as a rule organized with respect to the group served. The older agencies are the ones caring for special groups, while the general organization is a very recent thing. The principal type of agency which varies by being organized with respect to the service rendered is that devoted to occupational therapy. These are, both in the state and national forms, in the main professional organizations looking to improvement in standards and exchange of information. They are very active and have a large membership.

Example of the tuberculosis work.—As with the local agencies so in the larger field, the most numerous and longest established are the activities for the tuberculous, known as Public

Health Associations and Anti-Tuberculosis Associations in the states, and guided and inspired on a country-wide scale by the National Tuberculosis Association. The national aspect of the work has been in existence for 21 years, and the annual meeting held in Minneapolis in June, 1925, gave a fitting celebration to the "coming of age." The work of these organizations is a significant example of the driving force of private activities. Starting out to give combat to one of the most serious ills that afflict humanity, they have steadily carried their movement forward until their accomplishments are so evident they cannot be gainsaid. They have secured public provision on an unprecedented scale, then have stood back of the machinery thus created, have given support and have supplemented the work. The system of physical restoration through sanatoria thus called into being is truly gigantic; nor will the guiding forces be satisfied until they have solved the problem of after-care and occupational adjustment. No one now regrets or criticizes the huge expenditures of money in the war against tuberculosis. They have justified themselves many times over. The same will be true years hence in the more general crusade against disability that is known as the rehabilitation movement. And the place of private agencies will have to be much the same if the crusade is to be successful.

Next in strength among the state and national organizations are those which are devoted to crippled children. Much has already been said about these in Chapter IV. The International Society for Crippled Children with headquarters at Elyria, Ohio, is the force which is heading the movement. In many states there are state societies affiliated with the International Society. An especial appeal has been made to the Rotary Clubs, with the result that a large part of the financing of state societies has been done by Rotarians. The general methods of the tuberculosis associations have been duplicated by this newer movement. As a rule a state program has been set up,

legislation secured, public provision made for many phases of the work, and supplementary activities promoted under private auspices. Although young, the organizations as a rule are already strong and are making headway in their efforts.

The societies for the blind are at times represented in the state field by federations, or councils of agencies. The leagues for the hard of hearing, on the other hand, seem to have gone into the national field first, having formed "The American Federation of Organizations for the Hard of Hearing," with head-quarters at Washington, D. C., to further the movement.

The state-wide unifying organization.—As yet the general rehabilitation movement is represented in the state field by only one organization, the recent one formed in Minnesota. It is known as the "Minnesota Conference for the Disabled." It held a two-day conference in the spring of 1925 and a one-day session in the fall in conjunction with the state conference of social work. This has been adopted as its regular plan for meetings. A board of directors has full power to conduct affairs between sessions. The purposes of the organization are stated to be: 1. to promote suitable rehabilitation services for the physically handicapped; 2. to further the correlation of activities for disabled persons; 3. to create a suitable agency to receive and administer special funds for disabled persons whenever such shall be forthcoming. Under "rehabilitation" the Conference considers to be included all services designed to render a disabled person, whether child or adult, as nearly normal as possible in a physical, educational, or occupational way. In the work for crippled children the Conference has affiliated with the International Society so as to be in this respect its Minnesota branch. The general meetings of the organization have brought out a good attendance of persons engaged in or interested in hospital social service, occupational therapy, sheltered employment, child welfare, the tuberculosis movement, and activities for special groups of disabled, as well as the crippled

children work and the broader aspects of physical restoration and vocational rehabilitation. As a unifying and supplementing force such an organization should have a distinct mission.

Inclusive national organizations.—In the national field the emergence of an agency representing the entire rehabilitation movement is still more recent, if indeed it may actually be said to have come about even now. The officials engaged in civilian rehabilitation work had been meeting since 1922 as a section of the National Society for Vocational Education. In 1923 they adopted for themselves the name "National Civilian Rehabilitation Conference," although still nominally a section of the Vocational Education Society. In September, 1925, they held a separate meeting at Cleveland and formally adopted a constitution, thus placing a genuine entity in the field to represent rehabilitation. The purposes are stated to be: 1, to provide through its meetings a forum in which all phases of vocational rehabilitation of disabled civilians and problems incidental thereto may be discussed; 2. to conduct a campaign of education to bring the general public to an adequate understanding of the importance of the civilian rehabilitation movement: 3. to further so far as possible and desirable agreement upon principles and practices in the field of civilian rehabilitation, and to promote comity between the various agencies; 4. to act as a medium through which expression may be given to the views of the membership upon pending legislation and public policies affecting the civilian rehabilitation movement.

As yet the organization has two drawbacks. By its membership restriction it ranks itself primarily as a professional society, and by its statement of purposes it seems to be most concerned with vocational rehabilitation and with adults. It should be explained, however, that physical restoration has always been a subject of great interest to most of the officials, and they would certainly consider it within the scope of their movement. So, too, inclusion of activities for children as a

subject of interest would only be a matter for interpretation when once the unity of the problem of the disabled becomes clear and necessity for close correlation of all activities is discovered. The conference is too new to have a paid full-time secretariat. Whether it will remain a professional society or develop into a national agency of great influence will depend chiefly upon the vision of its members.

Place of a national private agency.—If the experience of the National Tuberculosis Association and the International Society for Crippled Children is any index, the rehabilitation movement could be benefited incalculably through the efforts of a strong national private agency. The fact that in the instance of rehabilitation an efficient public agency in the shape of a division of the Federal Board for Vocational Education is functioning does not modify the case. A multitude of the services which are required cannot be provided by a public agency or at best can be provided only partially. Prominent among these is the conduct of publicity work and the promotion of legislation. Activities in this direction by a public agency are invariably the target of criticism. Another service is that of advice and assistance in organizing local and state private agencies, even to the extent of promotion. Preliminary surveys and researches to determine the need for such agencies would also be a service that could best be supplied in this way. The same is true of contacts with the national organizations of activities correlated with rehabilitation, like occupational therapy and hospital social service, as well as interpretation of the rehabilitation movement to the general social service movement. Assistance in the conduct of state conferences would be another desirable function. Still others would be the provision of a permanent secretariat for the organization of professional rehabilitation workers, and the furtherance of trained work in this field.

The existence of the Federal agency would of course mean

that the utmost care would have to be taken to avoid duplication and conflict. Nothing should be undertaken by the national private agency that could or should be done by the public agency. The former could never be in any sense a substitute for the latter. The Federal Board is giving a service which is irreplaceable. As an agency for setting standards for the official work, for advising the various state rehabilitation departments, for collecting and issuing authoritative information on the state and Federal work, for conducting research that calls for large-scale effort, for acting as a clearing-house for the public agencies, it is invaluable and should never be discontinued even though the time should come when the Federal financial aid could be waived. But the needs in the rehabilitation field are so vast, the call is so urgent for immediate and intensive effort, that it seems pathetic to rely on public activity alone. The situation is one that calls for all the effort and all the money, public and private, that can be mustered. Surely it should be possible in such a case to assume that there would be harmony and co-operation between the agencies that parallel each other.

That the Federal Board itself is sensible of the desirability of stimulation of private effort is evidenced by a passage in the Yearbook for 1923: ² "Unless community facilities for physical reconstruction, training, placement, and follow-up are made available to those who operate the state department of rehabilitation, only a limited amount of service can be given. The community must be depended upon and encouraged to assume its full responsibility, and a significant achievement of the national rehabilitation program is that, in a number of the states, communities have begun to realize their responsibility for the rehabilitation of their handicapped, and are depending upon the rehabilitation department for the necessary advice and guidance in accepted methods."

² Yearbook for 1923, Federal Board for Vocational Education, p. 396.

Province of public agency.—It is now possible to set forth some principles which may be followed in a demarcation of the field as between public and private agencies. The province of the public agency may be stated as follows:

- 1. To provide authoritative leadership.
- 2. To demonstrate the possibilities of rehabilitation in every phase and as regards every type of case.
- 3. To give such services as are most feasible for a public agency up to the limit of its appropriation. Chief among the services that are clearly a public function is education, both in the general aspect and in the form of vocational training. Placement is also a feasible public work in the main, but there are some aspects which lend themselves more readily to private endeavor. When questions of relief and therapeutic care are reached there is much more difference as to public policy. In some parts of the country there seems to be no difficulty in conducting them as a public activity, while in others sentiment is opposed. The trend on the whole is in favor of public effort. It should be noted, however, that in any event a new difficulty in administration arises, namely, the application of a poverty test. This tends to complicate such services as compared with education and placement.
- 4. To conduct research that has a direct bearing upon the efficiency of the public work, or that involves the interpretation of the data collected by it in the regular course of administration.

Province of private agency.—The province of the private agency would appear to be as follows:

- 1. To secure publicity.
- 2. To promote legislation and seek to secure an increasing approximation to adequate support for the public work.
- 3. To give all services not feasible for the public agency, or for which the public agency has no legal authorization or is financially unable to conduct. Illustrations would be the direction of sheltered employment, underwriting of small businesses,

and marketing of products. Some varieties of placement requiring intensive work might also fall within this class. So too some of the types of handicapped which call for intensive service, such as the blind and shut-ins, may well be the object of private endeavor. Because of their numbers as well as the difficulty of the problem the tuberculous and the cardiac will long require private service. Relief measures and therapeutic measures when not covered by public provision or not adequately covered are still other illustrations. Finally social service of considerable variety, including such things as prevention, recreation and entertainment are additional examples.

4. To conduct surveys and researches designed to disclose desirable extensions of the work, or of so intensive and protracted a nature as to make the public conduct of them subject to question.

The lines just set forth are not hard and fast. There is no distinct cleavage. The rehabilitation program must be flexible and it must be adequate. Such ideals call for both public and private work. The public side is chiefly leadership, demonstration, and conduct of fairly standardized services. The private side is chiefly pioneering, promotional, supplementary.

Opportunity for Foundations.—Many of the aspects of private rehabilitation work are such as should commend themselves as suitable objects for foundations. Crippled children work and some phases of physical restoration have already received not a few endowments. That the importance of facilitating the vocational adjustment of the handicapped has been overlooked is probably due to the lateness with which the possibilities in such a direction have been developed. The benefaction which supports the Institute for Crippled and Disabled Men in New York City is almost the only example at present. The proper presentation of rehabilitation nationally and in each state will undoubtedly soon bring attention to the wonderful opportunity that exists here for the philanthropic use of funds.

In addition to the outright endowment of private agencies, foundations would have a suitable field in undertaking any of the special services for which the public work is least adapted. These have been noted before, but by way of illustration might be mentioned the provision of prosthesis, funds for starting small businesses, and funds for maintenance during rehabilitation. For a long time to come special foundations of this character would be certain to have a large field of usefulness. The chief danger of restricted foundations is that eventually conditions may change so as to make them purposeless. Care is necessary in framing them so that if the original purpose at any later time become futile, the funds may be diverted to related methods of service. But for the present both the general and specific needs of rehabilitation could absorb with advantage to society a very large amount of money.

QUESTIONS

- 1. In what sense may private agencies be looked upon as pioneers of thought, blazing a trail for oncoming public sentiment and endeavor?
- 2. What is the peculiar service which organizations of the type represented by the Institute for Crippled and Disabled Men in New York have rendered to society?
- 3. Contrast bases of the placement work which might be undertaken by public and by private auspices.
- 4. What tendencies in welfare endeavor are illustrated by the work of societies aiding the tuberculous, the crippled children, the blind, the hard of hearing, the cardiacs and others?
- 5. What interesting possibilities of development in work for the disabled are suggested by the Minnesota Conference for the Disabled and the National Civilian Rehabilitation Conference?
- 6. Why is it not only appropriate but eminently desirable to have public and private agencies, both local and national, working harmoniously in a common cause?
- 7. Discuss the possibilities of foundations in the whole field of endeavor for the disabled.

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CHAPTER XXIII

CO-OPERATION BETWEEN AGENCIES

Co-operation of various kinds has been mentioned at other places in earlier chapters. Every case plan involves a considerable amount of co-operative effort. Sometimes it may be only the co-operation of individuals such as employers, insurance representatives and physicians. At other times it may call for the co-operation of one or several agencies. So far as joint activity involving other case-work agencies is required the subject has been given detailed consideration in Chapter XVII. The present chapter will treat in general of co-operation between the vocational rehabilitation service and other agencies, public and private. Such co-operation may be either systematic, that is, continuous and definitely organized, or it may be occasional, springing into existence in connection with certain cases or emergencies.

Purposes served by co-operation.—The purposes to be served by co-operation may be stated as follows: first, to secure a wide reporting of rehabilitation possibilities; second, to have some actual phase of the vocational rehabilitation work performed—this may range all of the way from a preliminary case survey to a training plan or a placement, or a complete functioning unit doing all forms of the work; third, to have supplementary services performed such as arranging for clinics, procuring of medical care, organizing maintenance, etc.; fourth, to avoid duplication of effort in investigations and interference with other welfare plans which might have the call for precedence; fifth, to work up a very large basis of interest and support for the work.

Working with Industrial Commission.—Systematic co-operation has perhaps been more extensively developed with public agencies than with private agencies although there has been a great development along the latter line also. As a rule the first department with which co-operation has been arranged in each state has been the Industrial Commission or other agency in charge of the administration of the workmen's compensation act. This was to be expected since the Federal law has a provision requiring it which reads as follows: "In those States where a State workmen's compensation board, or other State board, department, or agency exists, charged with the administration of the State workmen's compensation or liability laws, the legislature shall provide that a plan of co-operation be formulated between such State board, department, or agency, and the State board charged with the administration of this Act, such plan to be effective when approved by the governor of the State."

Little difficulty has been found in arranging for such plans. While they vary from state to state some of their provisions are alike. The arrangement common to all of them is one which deals with reporting serious injuries. The accident reports received by the compensation agencies constitute the most comprehensive and most reliable system of reports for disabilities now in existence. Similar reports are frequently required to be made to railroad commissions in connection with railroad accidents, but these do not compare in completeness and reliability with the compensation reports. Usually the notice of the serious injury is willingly prepared by the compensation agency and transmitted to the rehabilitation service. Where the volume of cases is very large, however, it has sometimes been found necessary for the rehabilitation service to secure permission to place a special clerk in the compensation office to secure the reports. Care has also been necessary that not only should information taken from the first notices of accidents be transmitted but that later reports when they disclosed a serious condition should also

be brought to the attention of the rehabilitation authorities. The early reports of accidents are often sent in before the seriousness of the injury is very clear. Many cases of loss of function therefore develop at later stages and are not disclosed until subsequent medical reports are made or until compensation settlements are drafted.

Cordial and close relations required.—Reference has already been made in the chapter on workmen's compensation to the desirability that the rehabilitation service be consulted in cases where lump sums are proposed. This has at times also been put into the plans of co-operation and is a desirable element where agreement upon it can be reached. At times also the rehabilitation service and the compensation agency can assist each other in investigations. To illustrate, in a case where there is doubt as to the rating of a permanent partial injury the rehabilitation worker may be requested on making his contact with the disabled person to note certain aspects of the disability and make a report thereon. In like manner the compensation investigator may at times secure and transmit information of value to the rehabilitation service.

Cordial and close relations along this line are very helpful to both activities. In jurisdictions where the medical care covers the provision of an artificial member the rehabilitation service may often be asked to advise as to a suitable form of prosthesis. Occasionally, too, the rehabilitation service on account of its deep interest in proper physical restoration will wish to call to the attention of the compensation agency features which tend to strike it as not being in accord with the best practice. The opportunity is present for very close interrelation of the two services.

Assistance from Education Department.—Inasmuch as the usual location of the rehabilitation agency in the state government is within the State Department of Education, or in states where there is a distinction, under the State Board for

Vocational Education, it is natural that there should be a considerable amount of assistance given rehabilitation work by other branches of the state educational activities or their local units. This varies markedly from state to state. In the main, the co-operation of the other divisions in the state departments of education and also the local educational officers is not so often under a systematic plan as occasional, having relation to particular emergencies. Wisconsin is an instance where a definite plan has been put into force for securing regular assistance in the work from a part of the educational machinery of the state. The plan is one, however, involving the co-operation of many forces, public and private; hence it is better discussed in connection with the use of local committees. gist of the idea consists in using the local director of vocational education as the executive officer and secretary of a committee to further the rehabilitation work in the community.

In North Carolina the rehabilitation service undertook through the State Department of Public Instruction to enlist the one hundred county superintendents in a definite program for pro-H. L. Stanton, the supervisor, speaks of moting the work. this effort as follows: 1 "The assistance which we sought through these agencies was the giving of publicity to the work, the reporting of cases to the State department, the making of investigation of cases upon the request of the department, arranging for applicants to meet State agents when visiting the county, advising with the agent on plans of rehabilitation, assisting in the securing of financial assistance in providing surgical treatment and prosthetic appliances, and assisting State agents in securing suitable placement training opportunities and employment. Our joint letters brought only a mediocre response from the representatives of these departments, but they did valuable service in paying the way for personal solicitation,

¹Proceedings of the First National Conference on Vocational Rehabilitation, Federal Board for Vocational Education, p. 83.

which in turn enabled us to interest many of the best workers in industrial rehabilitation."

State Health Departments.—In all of the states where a close relation with physical restoration has been set up, methods for a continuous articulation of work with the state health departments have been devised. Reference has been made to the utilization by the rehabilitation agencies of clinics conducted by the State Department of Health. Virginia has been a leader in this type of work.

In a few states which have exceptional statutes provision is made for reports of disabled persons by hospitals and local health authorities to the State Department of Health and thence to the rehabilitation agency. This will be discussed in connection with the statutory plans. North Carolina apparently has succeeded through the good offices of the State Board of Health in co-ordinating the local health work with rehabilitation to such an extent that it secures a fair amount of reporting in such a way. Mr. Stanton describes the system as follows: 2 "The State board of health has 28 full-time county health officers, and a part-time officer in each of the other 100 counties. These officers do much to relieve the physical suffering of indigent persons in each county, and naturally come in touch with many of the crippled and handicapped. We are receiving excellent co-operation from a number of these officers. Under the division of public health nursing the board of health has 25 county nurses and 7 community nurses located in towns. As the work of these nurses brings them into contact with a large number of incapacitated persons they are glad to avail themselves of the assistance offered by the department of industrial rehabilitation. Some of our most valuable assistance is secured from these nurses."

Public Welfare Department.—Another branch of government which is well represented in most states is that which frequently

³ Ibid., p. 82.

bears the name of Department of Public Welfare. It is concerned with the care of dependents, defectives and delinquents, usually in institutions but sometimes in other ways as well. In some states there are local units under the supervision of the state department or board and thus quite responsive to it. In such instances, of course, a more valuable piece of systematic co-operation can be arranged. The chief forms of assistance that are usually secured through the Department of Public Welfare are reporting of cases and provision of maintenance.

Again North Carolina provides an instance of a careful linking up of activities. Mr. Stanton in his St. Louis address said of the plan: 3 "North Carolina is one of the few States that has a well organized department of public welfare, and since the county welfare officers are dealing with the same general class of people as the department of industrial rehabilitation. we have been able to obtain more assistance from this organization than from any other State department. Of the 100 counties in the State 47 have whole-time public welfare officers, and all of the others have officers who devote some time to welfare work. Among the duties of these officers are the care and supervision of the poor, the administration of the poor fund, the finding of employment for the unemployed, and the investigation of causes of distress. These duties naturally bring them into close touch with many of the problems of industrial rehabilitation, which probably accounts for the fact that we are able to obtain more assistance from them than from any other group working under the direction of a State department."

Child Welfare Boards.—In Minnesota, the chief local unit responsible to the Department of Public Welfare, here known as the State Board of Control, is the County Child Welfare Board. These exist in 78 of the 87 counties. They frequently have a full-time paid executive secretary. The county super-

⁸ Op. cit., p. 82.

intendent of schools and two members of the county commissioners are ex-officio members. There has been a marked tendency for these boards to develop into general public welfare boards. From the beginning the rehabilitation service in Minnesota has secured through these boards helpful co-operation both of a systematic and occasional nature. In other states which are developing the child welfare board system the same outcome is possible unless there is some other agency which is better suited to develop as the local public welfare unit.

Other Public Welfare contacts.—As a general thing, the state work for the blind is also organized under the State Department of Public Welfare, although special commissions for the blind are coming into favor. Since these deal with a disabled group close co-operation with them on the part of the rehabilitation agency is essential if the agency includes the group among those to whom it gives care. The subject is more fully discussed in Chapter XXI.

In states which have a state hospital for crippled children and in some which have a plan of committing crippled children for medical care the department of public welfare is the general authority in charge. As a rule the rehabilitation services have sought close relations with the crippled children work and have endeavored to reach the older children while they were undergoing medical care so that a vocational plan could be made at the right time. The contacts between these two activities must in the nature of things be so frequent that a systematic arrangement is imperative.

Formal statutory provisions.—So evident from the beginning has been the fact that rehabilitation is of such a character as to require a union of efforts on the part of several departments that formal provision has been made in some states for arrangements between departments. This is in addition, of course, to the liaison between the rehabilitation agency and the compen-

sation service which is required by the Federal law and is found in the state acceptance acts.

New Jersey was the first state to adopt a plan calling for joint efforts. It will be recalled that the rehabilitation work in New Jersey is conducted by a separate commission which has as ex-officio members the commissioner of education, commissioner of labor and commissioner of charities and correction. The purpose of such a composition of the governing body is apparently to insure the close co-ordination of activities in the three departments which relate to the rehabilitation work. The act specifically makes it the duty of the commissioner of labor to report cases of seriously disabled persons to the commission, also to assist in securing employment for handicapped persons. No specific duties are assigned to the Welfare Department but the Commissioner of Education is directed to arrange training courses in public schools in selected occupations.

New Jersey practice.—The act finally gives blanket authority to the commission to co-operate with any department of the Federal government or of the government of the state of New Jersey or with any county or municipal authority within the state or with any private agency. In the main, such a provision does little more than express an aspiration of the sponsors of the measure but on occasion it might be of value in rendering legal some contractural arrangement that might otherwise be subject to question.

The paragraphs providing for the co-operation of the Commissioner of Labor were made certain of fulfilment by the action of the commission in designating that commissioner as the director for the rehabilitation work. The spirit of the general provision for co-operation has been well observed as is shown by the arrangements made for the industrial or rehabilitation centers so-called. In the center at Newark is included the clinic which is a characteristic feature of the New Jersey rehabilitation work, the compensation bureau, educational examiners, state,

Federal and municipal employment bureaus, Commission for the Blind and the Tuberculosis League. The proximity of these agencies is said to have promoted close contact in the activities.

Provisions of New York law.—The New York rehabilitation act which was passed over a year later than the New Jersey one is more specific as to the duties of the various co-operating departments. The rehabilitation work is definitely located under the State Department of Education but an advisory commission is created consisting of the Commissioner of Education, one member of the state Industrial Commission and of the Commissioner of Health. The Industrial Commission is charged with reporting injuries much as is the practice in other states. The Department of Health, however, is given a very definite list of duties. These are as follows:

- "1. Arrange with all public, private hospitals, clinics and dispensaries and with practising physicians to send to the department of education prompt and complete reports of any persons under treatment in such hospitals, clinics, or dispensaries, or by such physicians, for any injury or disease that may render them physically handicapped.
- "2. Arrange with health officers to send to the department of education prompt and complete reports of any persons who in the course of their official duties they find to be suffering from any injury or disease that may render them physically handicapped, if such persons have not already been reported.
- "3. Make physical examinations of any persons applying for or reported as needing rehabilitation, except persons reported by the Industrial Commission."

Functions of advisory commission.—The same general provision for co-operation is included as in the New Jersey act except that the co-operation with the Federal government is placed in another section and made a specific acceptance of any Federal rehabilitation act. The advisory commission is given the function of arranging any differences that may arise between

departments charged with duties under the act, to arrange for co-operation between the Bureau of Employment, Department of Labor and the Rehabilitation Service in securing employment for handicapped persons and to make all necessary rules and regulations for carrying out the duties of the commission which affect more than one department.

The two specific duties laid upon the commission other than arranging and guiding plans of co-operation are, first, to arrange for therapeutic treatment of handicapped persons, and second, to provide maintenance cost for disabled persons that are in training, subject to limitations of \$10 a week and a period of twenty weeks with a possible extension by the unanimous vote of the commission. The advisory commission, therefore, despite its name, has other duties and powers than those of a mere advisory nature. In practice, however, as the rehabilitation agency serves as an executive staff for the commission it would appear that the duties of the commission are for the most part discharged by the rehabilitation agency. In the main, the report of the Bureau of Rehabilitation, the rehabilitation service of New York, for the year 1925 is one of direct services and does not show any unusual amount accomplished through the assistance of other state departments. As has been noted, the advisory commission was recently enlarged to include the president of the State Board of Charities and given functions in relation to crippled children as well as adults.

The Wisconsin rehabilitation act includes as duties of the Department of Health provisions similar to the first two in the New York act but does not provide for physical examinations by the health department. The duty which the New York law places in the hands of the advisory commission, of providing maintenance during training, is given to the State Board for Vocational Education by the Wisconsin act.

Value of legal provisions.—Specific legal provisions for cooperation would appear to be desirable in so far as they are definite. If they do not give in rather detailed statement the exact co-operation required they will not prove of much value in themselves. In other words, general co-operation is a matter of the spirit of the officers administering the various departments rather than something that can be enjoined by law. Capable and far-seeing state officials will co-operate without a formal mandate and the other type will not co-operate even if they are directed to. Some statements by Mary Richmond put this very clearly. She says: 4

"With some of us the team sense, which is the psychological basis of co-operation in social work, never extends beyond a rather mechanical and listless 'belonging'; with others it develops and attunes every faculty. The team, according to Joseph Lee, 'is created by assuming that it exists and acting boldly out from that assumption. It grows as its members have power to imagine it and faith to maintain, and act upon, the reality of that which they have imagined.' All co-operation is primarily an act of faith. It implies vision, trust, and a common goal."

Systematic co-operation through committees.—Thus far the systematic co-operation which has been considered has tended toward efficiency in work but has not made to any great extent for a reduction in cost. The most important of the plans for systematic private co-operation is professedly a means for multiplying greatly the rehabilitation service given without a proportional increase in expenditures. The plan is usually called by the Federal Board "organized co-operation" although the term does not seem very descriptive since many other types of co-operation are "organized" also. In its essence it consists in the use of large numbers of volunteer committees both as advisors and as units for performing certain parts of the service. It has a kinship with the German and English plans for rehabilitation of war cripples mentioned in Chapter VIII. The

⁴ Mary Richmond, Social Diagnosis, Russell Sage Foundation, p. 292.

system as followed in the pioneer state, Ohio, is described as follows by W. F. Shaw, the originator: ⁵

"Ninety cities have designated 'clearing agencies' to which we may refer cases for preliminary study and recommendations. The efforts of these 'clearing agencies' are supplemented by advisory committees (usually of five or six members) selected by leaders of the different private agencies. Almost without exception an advisory committee represents the local interests which have most knowledge of our problems and greatest ability to meet our needs. In the largest cities we are meeting regularly each month with this advisory committee. Such an arrangement now obtains in 11 cities, Cleveland, Cincinnati, Dayton, Middletown, Lima, Springfield, Lorain, Canton, Akron, Youngstown, and Toledo.

"To-day in the city of Dayton this group is in session with a representative from our office. Six people carefully selected by the bureau of community service because of what they know and can do are sitting about the table discussing their own disabled men and women. This group is representative enough to touch every needed avenue of approach in their civic life. Here is the head of the district nurses, the co-ordinator of vocational education, the executive secretary of the Red Cross, the representative of the employers' association, a representative of the hospitals, the director of the State-city employment office, and the director of the bureau of community welfare. One by one cases are considered, accepted, rejected, referred for placement, or tabled for more personal investigation."

Later development of Ohio plan.—The work is described at a later stage in greater detail in a publication of the Ohio Civilian Rehabilitation Service. It treats of it as follows: 6

"Throughout the state, co-operative relationships have been

⁵ Proceedings of the First National Conference on Vocational Rehabilitation, Federal Board for Vocational Education, p. 95.

⁶ New Opportunities for Physically Handicapped Persons in Ohio, State Board for Vocational Education, Columbus, Ohio, p. 25.

established with many organizations interested in the work and in position to act as an advisory committee in securing for physically handicapped men and women the maximum of service for the minimum loss of time and effort. Such social service agencies as the Public Health Nurses, Physicians, Superintendents of Hospitals, Home Service Sections of the Red Cross, Associated Charities, Chambers of Commerce, Employers' Associations, Labor Organizations, Railroads, Kiwanis, Lion's and Rotary Clubs, Granges, and many others, have reported cases and materially assisted in developing the entire training program for men and women residing in their home communities. . . . In 18 counties the work is successfully administered by means of advisory committees; groups of prominent and practical men from the luncheon clubs or as in case of Cincinnati a group of business men belonging to no particular club. Working with these communities are such agencies as the Social Service Federation of Toledo, the Handicap Placement Bureau of Cincinnati and the Associated Charities of Akron. Similar organizations in the other counties contribute greatly to the effective administration of Civilian Rehabilitation. In 21 counties the Red Cross is the clearing agency.

"Usually the head of the local chapter is able to secure the assistance and co-operation of individuals and organizations in arranging training details, securing maintenance funds or obtaining physical restorations. As city and county nurses, doctors and Health Commissioners are constantly in touch with sickness, disease, and disability, they have made an excellent clearing agency in 31 counties. They, too, are able to enlist the support of the public in securing necessary arrangements for training of cases. In the remaining 18 counties Civic Leagues, Welfare groups, city and county schools, doctors, labor groups, employers' groups, Associated Charities, Clubs, Community Chest organization, and in some counties, individuals are the clearing agencies."

Use of volunteers characteristic.—Other states have also made use of the plan but have not done it as extensively nor reported as successful results as has Ohio. Thus, in Wisconsin, rehabilitation committees were organized in fifteen centers much along the same line as in Ohio except that the local director of vocational education is the executive officer and secretary of the committees and the local health nurses are included as part of the working force. It should be noted that although the committees are frequently called "advisory committees" their value, in so far as they effect an extension of the service without addition to the cost, consists in assuming administrative functions. They should therefore not be confused with the ordinary advisory committee or case committee which is merely a factor in securing more efficient case work.

Nor is the peculiar value of the plan in its use of the existing private agencies. Arrangements for liaison with such agencies and for regular co-operation with them represent a different type. Use of the private agencies results merely in securing further service at private expense rather than at public expense. The characteristic feature of the Ohio committee plan would seem to be a large use of high grade volunteer service which can be depended upon for the discharge of many items of administration coming within the sphere of the rehabilitation work.

Merits and demerits of plan.—As a rule the merits which are put forward for the clearing agency or committee plan are two: first, that it effects a very large increase in the amount of rehabilitation work that can be done and the number of persons that can be rehabilitated without entailing much increase in cost; second, that it stimulates interest in the rehabilitation program and organizes an enduring support for the state activity. The chief criticisms of the system that have been uttered in the discussions of rehabilitation workers have been the following: First, doubt has been expressed of the value of

volunteer service for performing many of the actual functions of rehabilitation. This has proceeded from the feeling that the full-time trained worker should have a better technique and better capacity for securing sound results in so difficult a matter than any group of volunteers. Second, it has been questioned whether a trained worker could not actually perform the rehabilitation service in the time it would take him to organize, follow up, and stimulate private committees. That such committees might be valuable for advisory and publicity purposes was conceded but it was felt that to get administrative work done by them would require a vast amount of effort in training and directing them. Third, the belief has been expressed that the plan was feasible only in a populous state where private social welfare work was very thoroughly organized and had a long tradition back of it as in Ohio.

Liaison with private agencies.—It will be noted from the accounts given of the Ohio plan that liberal use was made of the assistance of private agencies, both the specialized agencies dealing with the handicapped and the general ones. For effecting regular co-operation with such agencies a variety of plans is in use throughout the country. An example in the Ohio system is the liaison with the Cleveland Association for the Crippled and Disabled. This organization provides at its orthopedic center the district office for the state rehabilitation service. The state service is thereby brought in touch with the social service, occupational therapy, employment and marketing work of the association.

In Michigan an even closer articulation has been effected between the state rehabilitation service and the Grand Rapids Welfare Union, a financial federation of the social welfare activities in that city. As described by Percy Angove, Supervisor of Rehabilitation in Michigan, the welfare union provides an office and pays half the salary of a local rehabilitation worker. The remaining part of the salary is paid by the state service and the direction of the work is kept under the state. The Welfare Union also provides office equipment, stenographer, traveling expenses and an emergency fund. The two plans described indicate the possibilities in the way of bringing into close contact the state work and the private agencies. They make possible a better and a larger accomplishment but they cannot be described as reducing the real cost of the work nor is it likely that rehabilitation will ever prove to be an inexpensive matter. The justification for assumption of part of the task by private agencies has been discussed in the previous chapter, and reference need only be made here to the size and urgency of the problem.

Occasional co-operation.—The second main class of co-operation has been described as "occasional," such as relates to particular cases or emergencies. There is hardly a case of vocational rehabilitation that does not at some stage or other call for co-operation of this sort. Even where there is a systematic co-operation plan, the individual case will often call for recourse to the assistance of some agency that has not been a regular part of the systematic plan. The kinds of agencies that may be called on include all of those that have been mentioned in connection with systematic co-operation as well as churches, fraternal orders and purely local societies. The use of special case conferences would also be a feature, since these are assembled for a specific case and their composition varies according to the case to be considered. The business and professional men's luncheon clubs, of which there have come to be a great number, are sometimes helpful in individual cases but for the most part their usefulness is in connection with the publicity side of the work. Throughout the country no better forum can be found before which to present the rehabilitation movement than one of the luncheon clubs.

Development into systematic scheme.—It is evident that there is no clear line of demarcation between systematic co-operation

and occasional co-operation. Much of the occasional co-operation given in sporadic instances by various agencies is secured through the systematic publicity work of the state activity or its chief co-operating factors. Oftentimes such co-operation tends to develop into a systematic matter. It is also true that many states which would make no pretense to have systematic machinery for co-operation are getting practically as large a volume of it through the occasional arrangements that they have made as if they had a more formal plan. Thus, the state activity will learn that in one county it can depend upon a public welfare board, in another, upon a county nurse, in still another upon a certain civic club. In this way, by sheer custom, there grows up a great fabric of co-operating forces including not only agencies but public spirited individuals.

Co-operation a matter of spirit.—The discussion of co-operation by Mary Richmond applies in the main to rehabilitation as well as to other social fields. She lists four stages of the development of co-operation. The first she calls the competitive or chaotic stage, marked by an absence of common understandings or of any unwritten code governing the behavior of social practitioners to one another. This does not seem to have figured to any extent in the history of rehabilitation. The second she calls a period of awkward and unrelated attempts to replace competition by co-operation. Characteristic of this period was the habit of making a plan practically in completeness and then appealing to other agencies simply to do a certain part. The third period she calls one of "joint traffic agreements," an attempt to conquer chaos by a routine division of cases on the basis of territory, nature of need, etc. Systematic interchange of information was a feature of this period. She notes as an incident of the period undue reliance on the reports of other agencies and a tendency to abdicate the right to evaluate all of the data gathered.

As the fourth period she places development toward an honestly evaluated sharing and increased social responsibility. She says that devices and understandings have their place in such a development but will not become a fetish. She concludes in this manner:

"Co-operation based on responsibility for the result of our social acts, co-operation advanced by sound and thorough professional training, fostered by good will, by social zeal, and by unhampered freedom of discovery, leads us away from 'understandings' and into a daily deepening understanding. This latter is a matter of the spirit. Freedom to learn, to grow, and to serve is fostered by co-operation of the spirit."

QUESTIONS

- 1. How might co-operation between state and industrial commissions and state rehabilitation agencies be extended?
- 2. Show instances by which public educational forces within a state could give material assistance to the rehabilitation activities without assuming burdensome duties.
- 3. Suggest plans whereby the best features of the North Carolina plans of co-operation between the departments of health and public welfare and the rehabilitation agency might be adopted in other states.
- 4. Construct additional arguments both for and against the Ohio plan of "clearing agencies."
- 5. What advantage is apparent from the close relationship existing between the state rehabilitation service and the Welfare Union in Grand Rapids, Mich.?

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Chapter XVI gives detailed consideration to the subject of cooperation.

CHAPTER XXIV

SPECIAL SOLUTIONS

For reasons known only perhaps to Cabell's Koshchei who makes things as they are the general scheme for the planet Earth has included a vast assortment of atypical, incommensurate and discordant entities such as complex fractions, irregular verbs, variable climates and asymmetrical human beings. The history of mankind is the record of attempts to smooth out the discrepancies and conjure things into a semblance of harmony. But as fast as one part of the field seems to be regularized, a condition of greater complexity and diversity is found in another.

In particular has human nature itself resisted the efforts of the standardizers. It has perversely tended to become more variegated and anomalous as civilization has advanced. Hence it is that it has not been possible in such a field as rehabilitation to work out a standard method and a regular code of rules for restoring to the economic world each and every disabled person. There are first the diversity and irregularity of human nature and then the variations in kinds of disability. A human engineer in dealing with these would have what the mathematicians would call a case in "permutations and combinations." So the easy path of a fixed and limited policy has been denied to the conscientious rehabilitation worker, and he has been forced to draw upon his resourcefulness and ingenuity. The outcome has been a number of special methods for dealing with unusual or variant situations.

Uses of special solutions.—The principal special solutions that have thus far been tried or suggested are sheltered em-

ployment, marketing of home products, small businesses and law-created advantages. In the main the use of the special solution is indicated when the more normal method of employment in the industrial or business realm is impossible or undesirable. For the most part, too, the special solution is a device which calls for the intervention of a private agency. The public activity can often promote, can still more frequently find ways of encouraging, but can rarely conduct directly, most of the operations which come in this class.

Sheltered employment in general.—Sheltered employment is a method of assisting the handicapped which is found in one form or another in nearly every city of any size. This is not equivalent to saying that the facilities for it are reasonably abundant. Quite the contrary is true. It is merely meant that examples are quite common throughout the country. As the name indicates, sheltered employment consists in the operation of an establishment primarily for the benefit of a group of handicapped persons, assuring them of an income and making conditions favorable to them. It may be run on a strict production basis, and differ from the commercial plant only in restricting employment to the handicapped and adjusting the surroundings and the regulations to them. It may, on the other hand, necessarily or unnecessarily deviate from a profit-making course and resign itself to a regular deficit made up by some subsidizing guarantors. Every gradation is represented by those now in the field.

Example in a salvage system.—A system which is found in a considerable number of communities and which illustrates the sheltered employment idea is the Goodwill Industries. The first of these was founded 25 years ago but it is only of recent years that the plan has been extended to many cities. The underlying ideas are the salvage of waste, employment of handicapped and disadvantaged persons, and sale of products at low prices to help the submerged part of the population. A board of the

Methodist Episcopal church exercises a general supervision over the system, but in most respects each local unit is practically independent. Consequently there is considerable variation in the way each is administered. Some make much of employment of the physically handicapped and even develop the training feature, while with others the good of the disabled is quite subordinated. The industries are now found in 26 cities. In some places they are partly financed by the Community Fund and quite generally the material with which they work consists of cast-off clothes and articles donated by a clientele of the well-disposed.

Value as training center.—A description of the plan was given by R. R. McGregor of Duluth, Minnesota, in an unpublished address before the Minnesota Conference for the Disabled in May, 1925. He said: "Herbert Hoover says the greatest economic question before the United States to-day is the saving of waste. We all know that the handicapped unemployed represent an enormous amount of wasted energy. We also know that the people of the United States are throwing away annually more than we can figure in wasted materials. The Goodwill Industries gather in the old material and employ the handicapped people to repair these materials; and then we help another handicapped group—the poor people—by selling them these materials at the cost of repairing them. Last year the local industry with which I am connected in Duluth repaired 8000 pairs of shoes. Can you figure out any other place that has the wonderful opportunity to teach shoe repairing that we have? In repairing these 8000 pairs of shoes we used handicapped people altogether.

"We also get old broken furniture. We know that industry to-day is a specialized thing. It teaches men to do one thing. Those of you who have been through the Ford Plant in Detroit will appreciate that. When a man gets past doing his specialty he can't do anything else. We find that is especially true in

the furniture department. They can do perhaps only one part of the cabinet-making. We take them and train them into real cabinet-makers. They eventually pass out from the Goodwill. It is not our aim to keep these men all the time. We pass them out as quickly as we can to employment on the outside, where they can be of better service to the community."

Try-out and placement.—Mr. McGregor thus pointed out not only the function of the Industries in providing work and training for the handicapped, but the possibility of utilizing the establishment as a try-out and placement center. Obviously the system is capable under intelligent direction of developing into a highly serviceable instrumentality for the disabled. As a rule a small wage is paid from the beginning. The Industries offer a wide range in employment, from tasks which are labor of the simplest kind, such as collecting and sorting materials, wrapping bundles, and other easy processes, to skilled work requiring a period of learning and adjustment, such as shoe repair, cabinet-making and clock repair. They will probably be an increasing factor in co-operating to bring about the restoration of certain types of the physically handicapped.

Studio for artistic products.—An entirely different approach to the question of sheltered employment is represented by the Horton Studio in Minneapolis. This is a local affair, and owes its origin to the genius and altruistic spirit of one person, Mrs. Elsie Horton. She has put into it an unusual combination of an understanding of artistic values, a capacity for business management, and willingness to devote time and energy to solving the problem of employment for the disadvantaged. The plan for the studio came from the suggestion of a friend that some artificial fruit which Mrs. Horton had made ought to be marketed. She happened to attend a board meeting of a social service organization that day where there was much talk about unemployment. The thought occurred to her that she might undertake the manufacture and sale of the fruit in such a way

as to provide employment for some of the distressed persons who were the subject of the meeting.

She started the work with three girls and has gradually expanded it. The studio employs handicapped persons almost exclusively. In addition to the manufacture of artificial fruit, it has taken up the production of many other artistic things, such as costumes and favors for society events, rugs, shawls, toys, and children's furniture. The market has been secured purely on the merits of the goods. They have been sold through the regular commercial channels, often on large orders. There has been a demand for them from every state in the Union.

Illustration of intelligent oversight.—In all the operations an intelligent oversight is exercised by the founder to develop the best talent of each individual. An instance of this in connection with one of the state rehabilitation agency's clients was brought out incidentally in an address given by Mrs. Horton before the Minnesota Conference for the Disabled. The client in question was a girl who was partially paralyzed. As Mrs. Horton told it: "We took her in and I set her to work in the painting department painting leaves and flowers. She had one bad hand. She would take this dead hand and put it down on the leaf and paint the plain color on the leaf. The young woman in charge of that room came to me on several occasions and said to me, 'I wish you would take that girl away. I am afraid of her.' I replied, 'We want to keep her a little while longer and just see what we can do with her.' One day I fixed up a tray with paints of all the different colors and a big bunch of leaves that were no good and said to her: 'This is just the time of the year when we are seeing all of the autumn leaves. You have noticed them. We need some autumn leaves in our window. I am going to give you all of the leaves and want you to paint them for me. Just paint them any way you want to.' She started in, not showing very much interest. The next day she showed a little bit more and very soon there was a

marked improvement. To-day I can't tell you what beautiful color work that girl is doing. She would well repay further training at an art school."

Curative Workshop an example.—Still another kind of sheltered employment is found in the New York Curative Workshop to which reference has been made in the chapter on Occupational Therapy. Here the chief purpose is therapeutic, but as the idea is one of cure through practical work under production conditions it is also an excellent example of the type of solution under consideration. The project owed its inception to Frederic G. Elton, district director of the State Bureau of Rehabilitation in New York City. From the beginning the emphasis has been upon economic success through work under actual employment conditions. Thus far assembly work on radio and electrical material has been found most feasible. It is understood that manufacturing of small electrical parts, such as plugs. Christmas tree lights, and the like is also considered practicable and will be undertaken soon because of the greater profit in such work.

As described by Mr. Elton, a man was placed in charge of the shop who had a combined industrial and social experience. All the paraphernalia that pertain to a regular shop, workcards, time-cards, etc., were installed. Weekly reports were issued on the progress of the men in terms of employment efficiency. The parts for all the assembly work done are shipped direct from the factories to the shop in lots of from one to fifty thousand at the expense of the manufacturer, and the finished work is collected by the manufacturer at his expense, ready packed for sale. The shop's inspection has been accepted by manufacturers as final.

Care as to physical conditions.—Owing to the fact that the employees are disabled persons, Mr. Elton further states, the site for the shop was selected with care, so as to meet the following conditions: street floor, ample light, plenty of ventila-

tion, sufficient heat, plenty of artificial lighting, sufficient space to provide each man with more than the required number of cubic feet of air, light walls, benches and stools, and selection of material that would not create dust, dirt or odor. Medical supervision is complete, as in every instance the persons going to the shop are attending either insurance clinics or the clinics of hospitals or private doctors. Thus the physical condition of each worker has received proper care at all times and there has been a definite record of the improvement effected by the workshop.

Support for the shop has been secured from two sources, tuition paid by the rehabilitation agency for training cases and public subscriptions. Much use is made of the shop in workmen's compensation cases. Referees often have injured men sent to the shop in order to determine employability, and insurance companies also send problem cases of their own accord. While therefore the motive of the establishment is curative, it will be seen that many of the principles followed would be valuable guides in sheltered employment plans where therapy was not a point to be considered.

Other examples.—The instances which have been described illustrate the function and achievement of this type of special solution at its best. Other examples have been mentioned in previous chapters. The Altro and Reco shops show the use of the method in connection with tuberculous persons. The broom factories and the special workshops for the blind demonstrate the possibilities as applied to another group. An instance of use for all types of handicapped which has not yet been mentioned is the Jewish Social Service Industrial Workshop in Chicago. It is under the auspices of the Associated Jewish Charities. The occupations taught are broom making, cobbling, weaving, machine and hand sewing.

"The wages paid to the workers vary from 30¢ to 50¢ an

hour.¹ Every worker is put on the payroll from the beginning, as it is thought that the psychology of being on a payroll does a great deal to stimulate the worker's self-respect. Four dollars a day is the maximum paid to anyone since it is thought that if he can earn that amount he is able to enter normal industry."

Principles for sheltered employment.—Some of the principles that apply to sheltered employment may be thus stated:

- 1. The operations must be suited to the particular group or to the general class that is being served. This is illustrated by the choice of garment making for the tuberculous Jewish workers of New York, of broom making for the blind, and of small machine assembling for the New York Curative Workshop, where the majority of the clients are employees disabled in industrial plants.
- 2. The conditions of work must be good from the hygienic point of view, and for most of the handicapped a certain amount of medical supervision is desirable.
- 3. Products which have undoubted commercial value are to be preferred to those which require extraordinary efforts for disposal and even sometimes an artificial market sustained by the philanthropic motive. As a rule the management of the industry is easier, the returns are greater, and the success more uniform. It is probable that further inquiry into suitable industries will disclose a number that have not yet been utilized and will obviate the tendency to resort so largely to craft work.
- 4. Care has to be exercised to prevent recourse to sheltered employment as the readiest thing at hand. Once an industry of this kind is available the temptation is present to place in it every handicapped person whose problem is at all puzzling. Many of these cases with a little further study and effort can be rehabilitated in the ordinary way. They should not be sent to the special plant unless a genuine purpose can be subserved

¹ Crippled Children in Chicago, p. 78.

there. In other words the sheltered industry should not be a mere catch-all. This is especially true as regards young clients, for whom the attainment of a normal outlook on life is a goal always to be kept in mind.

5. Care is also necessary to avoid retention of a disabled person in a sheltered employment scheme after he has made such improvement that he can carry on as well or better in the regular economic world. It has been seen that a number of these special shops make it a practice to take notice of the capacities developed by each individual and to further them. As rapidly as better opportunities for a client outside can be found he is encouraged to avail himself of them. This is a sound ideal, as it not only proves best for the individual disabled person, but multiplies the usefulness of the industry by enabling it to serve greater numbers.

Marketing of home products.—Marketing of home products is for the most part a solution for the handicapped who are home-bound. This is not always true, however, as it is also used for many of the blind and for disabled persons who can get around quite well but can earn more through home work or can escape discrimination in such a way. It is a device which is capable of a great deal of extension and development. The future should disclose more products which can be manufactured at home and better means for effecting sales. In commenting on the work of the Vocational Society for Shut-ins, the Chicago Study of Crippled Children concludes: 2 "Furthermore, no organization at present has attempted to link up such work with commercial needs. There are doubtless many industries that have types of work which could be done by handicapped people in their homes. A study of such possibilities by a trained worker might suggest a means of working out some kind of co-operation between commercial firms and training in special schools."

³ Op. cit., p. 79.

A typical activity.—The work of the Vocational Society is described in the same study as consisting of rug-making, handsewing, toy-making, weaving and similar things. Two instructors are employed on half time to make home visits and teach the shut-in. A central work shop and salesroom is maintained where the products are taken for final touches and for disposal. Much of the merchandising takes place as an ordinary matter, although bazaars and special sales are held also. It is said to be a principle to sell the products on their merits, without resorting to the appeal to the charitable motive. About 60 handicapped persons receive a degree of support through returns from the sales. They are not required to wait until the articles are sold before receiving pay. The society is two-thirds self-supporting.

Possible enlargement.—Reference has been made in the chapter on Private Agencies to a similar activity maintained by the Cleveland Association for the Crippled and Disabled. Much work of the same sort is done by organizations interested in occupational therapy and by societies for the blind. In some instances a very distinctive product is turned out, and is identified by a trademark which soon becomes known as an index of quality. Nevertheless, there are few examples as yet of enlarging the range of products beyond the customary handicrafts. As the state rehabilitation services gradually find more occupations that are feasible in homes or as intensive studies in various localities reveal them, special agencies for the shut-in should add these to the list and systematize the selling end. A greater correlation of effort should make this type of solution both more available and more remunerative.

Comity between agencies.—Another consideration which applies to the sheltered employment field as well as to the home-product organizations is that need will soon exist, if it does not already exist, for agreement upon principles of comity between agencies. It is clear that unless care is taken the market

can easily be over-supplied with certain kinds of products. It is also possible for organizations which do not supervise their work well and standardize their products to damage the repute of all in the public mind. These are matters which will bear much discussion.

Fortunately the rise of general organizations devoted to rehabilitation bids fair to create a forum where mutual exchange of information can take place and understandings can be reached. It is only by concessions and agreements that a demarcation can be secured, and the good of all will be promoted thereby. Elements that might enter into such agreements would be priority in the locality, suitability of particular occupations for certain types of handicapped, avoidance of conflict in selling arrangements, and acceptance of quality standards and devices for protecting them.

Small businesses.—Setting a disabled person up in a small business has been a solution that has been fairly common in the past before any special agencies for helping the handicapped existed. It was not infrequently the method adopted by the injured person himself when a payment was received for damages or when compensation was received in a lump sum. Social service organizations, too, have helped to launch such ventures, especially when the outlay was quite small. The trouble has too often been that a poor choice has been made and the enterprise has proved unsuccessful.

Yet on the whole it is a method that has considerable merit. It avoids very largely the difficulty of discrimination against the disabled and it permits adjustment of conditions and hours of work to suit the physical state of the client. It is feasible for many who are too handicapped to get employment, and it is also practicable for some personalities that take direction badly but none the less have sufficient good fellowship to get along with trade. The negative side is chiefly the requirement of capital. In addition there are the uncertainties of business.

A man who loses his job goes into debt only for living expenses, but one who is running a losing business is going into debt for his living and for the business besides. To these drawbacks must be added the need for a certain amount of management ability. This is more uncommon than mere ability to perform a task such as is required on a job.

Suitable types.—Probably the type of small business most frequently owned by a handicapped person is a news-stand or book and periodical store. The next in numerical order are the small groceries, then the confectionery stores. Others that are sometimes mentioned are dry-goods and notion stores and shoe stores. The latter are often combined with the practice of shoe repair.

Of much the same order as the small business is the proprietorship of a small enterprise involving the sale of service. A handicapped person will often find it easier to get trade as the owner of a shop than to get employment in following the same occupation. Thus there is little or no discrimination against a one-handed man who operates an automobile repair shop with perhaps one assistant, while if he undertook to find a job as an automobile mechanic he might canvass every garage in town without being accepted. In like manner, battery repair, tire repair, shoe repair and electrical work have been followed by disabled persons in their own shops when employment under competitive conditions has been denied them.

Need for capital.—The great obstacle to a wider use of this method is the question of capital. The disabled person is nearly always a poor person also. He rarely has the resources for purchasing a business and neither have his relatives. The exceptions are the damage cases and the compensation cases. In the damage cases it is unusual for the rehabilitation service to have an opportunity to offer advice until after the money is squandered. In the compensation cases, however, as has been shown in an earlier chapter, it is customary in not a few juris-

dictions for the accident board to grant a lump sum only after an investigation by the rehabilitation agency.

In these states, therefore, the public service for the disabled has the chance of guiding some of the injury clients who think they see a future in business or proprietorship. Hence there should be a gradually accumulating experience as to favorable enterprises and success factors. In nearly all these instances it would be desirable for the client to take a certain amount of training in business management, both general and as related to the particular line. Often this is refused and the notion has to be combatted that anybody can succeed in business.

For disabled persons other than compensation cases if it appears the small business plan is most suitable, the only recourse is to secure the capital from a private agency or from a member of that none-too-common species known in charity circles as the b. i., meaning, benevolent individual. To divert public funds to such a use is so contrary to American practice as hardly to be within the realm of possibilities for most of the handicapped. The blind appear to be the only group for which the tradition has been violated. It would seem most practical, therefore, if the use of the business plan is to be extended, to look to an increase in private funds available for such purposes. Instead of the necessity existing in each instance for a special canvass for money, it may come about that state and local private agencies for the handicapped will have definite revolving funds set aside for use in emergencies of this nature.

Law-created advantages.—The fourth type of special solution, favorable legislation or law-created advantages, has but few examples in this country. It has sometimes been suggested that certain occupations ought to be restricted by law to handicapped persons. Legislation of this kind would probably be unconstitutional and in any event it has not been shown that the basis exists for making such an allocation of pursuits.

The question has come up in a somewhat different manner in

European countries in connection with the employment of disabled soldiers. The late Carl Hookstadt, expert for the U.S. Bureau of Labor Statistics, thought he saw a possible precedent here for action on behalf of the industrial cripple. wrote: 3 "In France employers who refuse to re-employ their proportionate share of military cripples are excluded from obtaining any concession, monopoly, or subsidy from the state. In Italy private employers employing three or more persons must take back those employees who had been with them one vear if they can do the same work. . . . This principle of compulsion or constraint might conceivably be applied to the employment of industrial cripples. For example, the state compensation acts might be amended to provide that employers having a certain number of employees must pay additional compensation to injured workmen if they refuse to re-employ these men at suitable jobs and at fair wages. Such a scheme might act as an incentive for employers to make an intelligent study of their establishments, with the result that positions could be found or created which would be mutually beneficial."

The suggestion has so many difficulties, such as the lowered morale of an employee who feels he has a sinecure, that it is not likely to commend itself to publicists. A more hopeful direction for progress would seem to be in a public sentiment that would favor the employment in every industry of a certain proportion of handicapped workers. To this might be added legislation for public assumption through special funds of the supposed increased risk of compensation payments in cases of employment of persons having disabilities.

Almost the only type of law-created advantage relating to the handicapped in the United States is found in statutes which exempt the blind from the necessity of obtaining a license for peddling. These are found in a number of states, sometimes as an amendment to previous statutes granting the privilege

^{*}Bulletin 264, U. S. Bureau of Labor Statistics, p. 221.

to ex-soldiers and ex-sailors. It is a very slight concession, and sometimes a dubious one, as peddling can be easily converted into begging.

QUESTIONS

- 1. What are the characteristics of sheltered employment?
- 2. Why is it essential that the director of an institution of the type represented by the New York Curative Workshop should have both industrial and social experience?
- 3. "Care has to be exercised to prevent recourse to sheltered employment as the readiest thing at hand." Explain.
- 4. Why should the marketing of home products receive such marked attention in a discussion of rehabilitation?
- 5. It would seem desirable to encourage small businesses as a means of rehabilitation in many instances. What are the difficulties?

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Chapter VI has a brief discussion of sheltered employment, homework, and marketing of products.

PART VII AN EVALUATION AND A PROPHECY



CHAPTER XXV

AN EVALUATION OF THE REHABILITATION MOVEMENT

According to the most recent available report of the Federal Board for Vocational Education, that for 1924, the total number of disabled persons that have been rehabilitated since the founding of the co-operative national-state service was 12,545.¹ This covered the period from July 1, 1920, to June 30, 1924. Each year of the work had shown an increase in the number rehabilitated. For the year ending June 30, 1921, the number was 523, for 1922 it was 1898, for the following year, 4530, and for the final year of the original Federal Act 5594.

Growth of the work.—Part of the increase is, of course, due to the maturing of long-time cases initiated in preceding years, and part is due to the increasing efficiency of the agencies, owing to greater experience of the staff, additions in organized co-operation, etc. That the increase will not continue each year in proportion is evident, unless there are great changes in the scale of the movement. In most of the states the service is old enough to have reached its average yield. The only additions will come by gradual improvements in efficiency or by extension of the work through greater expenditure of public or private money. Nationally of course the totals can be increased by the spread of the work to the non-co-operating states. At the time of the 1924 report there were 36 co-operating states; now there are 39. Others will undoubtedly join as time passes. The report also notes that the average cost of re-

¹ Eighth Annual Report, Federal Board for Vocational Education, p. 68.

habilitating a disabled individual was reduced from \$262 in 1923 to \$221 in 1924. It is probable this reduction is more apparent than real, as the later year received the benefit of the organization cost and long-time training of earlier years. In other words, the work was just reaching a normal basis in 1924.

Data show broad scope.—That the work done thus far has been of broad scope is demonstrated by the results of the intensive study of 6000 rehabilitated persons made by the Federal Board, elsewhere discussed in detail. These 6000 persons were found to have been distributed in their economic adjustment in 628 different jobs. This in itself is a proof that the work has not been allowed to run in routine grooves, but that a vast amount of thought and ingenuity has been put into it.

Other information in the 1924 report has points of interest.² The 5594 rehabilitated that year were divided as follows: by placement, 3068; after school training, 2093; after employment training, 433. The great bulk in the increase in rehabilitations over the previous year was in the group rehabilitated after school training. It should be borne in mind that the training group represent the most permanent type of rehabilitation, if complete physical restoration be excepted. It should also be noted that in the classification given the bulk of the persons given physical restoration are probably counted under those rehabilitated by placement. As a rule in the cases where the disability has been received after the person has had occupational experience, removal of the handicap has made possible return to the old employment. There is no separate showing in the Federal Board's report of the amount of physical restoration that has been accomplished through the efforts of the state agencies.

Younger persons are largest group.—The number of registrations, that is, persons listed and accepted for rehabilitation, was

² Eighth Annual Report, Federal Board for Vocational Education, p. 138.

17,232 in the year ended June 30, 1924. About one-eighth of these, or 2568, were women. This proportion is probably somewhat lower than it would be naturally, and apparently indicates that states have not as yet given as much attention to the rehabilitation of women as they should. In part the showing of course indicates a smaller number of women needing rehabilitation, a fact that is largely accounted for by the smaller number of industrial accidents to women, due to the less hazardous nature of the industries in which they engage, and to numbers that go into home-making without any concern for the burden of a physical handicap. About 7000 of the 17,000 registered were under the age of 30, or to be specific, 3279 were under 21 and 3597 were between 21 and 30. Such a showing is in line with the expectation that the younger persons would respond more readily, and with sound policy in looking upon these groups as the ones where rehabilitation would have most value. That the old were not entirely neglected is shown by the 1059 recorded as 50 years of age or older.

Accident cases in majority.—Stress is evidently being laid on the accident cases, as the data for all of the three years reviewed in the 1924 report show these to be in the majority. Employment accidents, no doubt chiefly compensation cases, constitute the great bulk. It is not necessary to assume any desire on the part of the rehabilitation agencies to favor the compensation cases; the explanation is ready at hand in the promptness and definiteness with which compensation cases are reported, and the superior co-operation which is usually found.

The most significant fact in the study of the 17,000 registrations by nature of disability is the large proportion that are hand and arm disabilities, among the most serious in the modern industrial world.³ The disabilities affecting one hand were 1826, both hands 104, arm 1242 and both arms 74. Disabilities to one leg, however, formed the greatest single group, 3543.

⁸ Op. cit., p. 140.

There were 953 defective vision cases recorded, but these were not classified into loss of one eye and conditions causing practical blindness. Another fact which stands out in the table is that the vast majority of the cases dealt with by the states are such as have losses or impairments of bodily members and would come under the definitions of "cripple" used in the various surveys. Only 790 of the 17,000 are checked up to general debility, under which classification would come the tuberculous, cardiac, diabetic and other disease cases affecting the body in general. The value of the table is somewhat impaired by the large number in the miscellaneous column, 6389, an item which apparently calls for better records and better reporting on the part of the states.

The study of the previous education of the registered cases brings out one of the genuine difficulties of the rehabilitation problem. A very large proportion have had little or no academic education upon which vocational training might be built. Of the 17,000 the number who had had no schooling was 1384, and those who had had not more than a sixth grade education were 3932.

How funds were matched.—The financial part of the report is also of much interest.⁴ For the fiscal year 1924 the total reported as expended by states and nation under the co-operative system was \$1,240,665. Of this \$551,266 was from Federal funds and \$689,399 was from state and private funds. The report on state and private money is obviously a very loose one and apparently includes only such funds as cleared through the public treasury. No complete record is kept of all private and public expenditures procured by the rehabilitation agencies for purposes incidental to the work but not checked out through the state treasury as part of the accounts of the work. The state which spent the largest amount in excess of the sum needed to match the Federal money was New Jersey, where the ex-

⁴ Op. cit., pp. 134-138.

cess was about \$45,000. As explained earlier, the chief expenditure in New Jersey is for physical restoration. Oregon comes next with an excess of \$25,000. Others with large expenditures of this nature are New York, with an excess of about \$14,000 and North Carolina with about \$13,000. Expenditures for maintenance of disabled persons undergoing rehabilitation probably account for nearly all of the excess in these two instances.

Considerable sums unused.—A more surprising revelation is that made by a comparison of the table showing actual expenditures with the table showing the amount of Federal money available for each state. It is patent from such a comparison that a number of the states are not making full use of the funds allotted to them. That a considerable proportion of the million appropriated by Congress was reverting each year was evident from the fact that only 36 states were participating in the plan. The actual amount of Federal money available for these 36 states was \$848,175, while as noted the amount they spent was \$551,266, a difference of \$296,909. In view of the known and urgent needs of the rehabilitation work, it is difficult to understand why full use has not been made of all the money available. It is hard to reach any other explanation than that the public is not yet well enough informed on the subject to demand that its officials, legislative and administrative, respond to the opportunity to make the disabled person an asset to the community and a contented citizen. Unprecedented ease in making placements or exceptional training facilities in the shape of free public vocational schools might account in part for a low rate of expenditure, but the numbers of the disabled are so large and the amount of intensive case work demanded is so great that expansion of the program would be the natural step where such unusual conditions prevailed. The only possible conclusion would appear to be either that a short-sighted economy wave has caused legislatures to take away aid even from the crippled, or else that administrative officials have

become obsessed by the fallacy that the personnel for case work should be gauged by the personnel used in general supervising and inspection work in education. It cannot be repeated too often that vocational rehabilitation is case work; that case work is intensive; and that the number of disabled persons cared for will bear a direct relation to the number of case workers placed in the field. Public sentiment must eventually be aroused so that when suitable legislative provision is made for the disabled it will be impossible for administrative officials to betray the trust.

Value in dollars and cents.—Evaluation of the rehabilitation work in terms of dollars and cents of wealth produced and expenditures saved has been attempted at various times and the results are worthy of note. One of the earliest and most striking was made by S. S. Riddle, chief of the Bureau of Rehabilitation in Pennsylvania. He made this estimate of the experience ⁵ of Pennsylvania:

"If, for example, it be assumed that 400 disabled persons, returned in a year to suitable remunerative employment, would not otherwise have returned to employment, a measure of the productive usefulness of the Bureau of Rehabilitation in straight financial terms may be gauged. If, on an average, each of those 400 persons earns in wages \$1000 a year, the industrial production represented by an annual payroll of \$400,000 is created. But, even if that \$400,000 be cut in half to provide for varying contingencies, the annual production return to the state still may be considered as that represented by a \$200,000 payroll.

"Further it must be considered that the Bureau's work is cumulative. The work done in one year carries through succeeding years with the creation of wealth in mathematical progression.

⁵ Rehabilitation News Notes, Federal Board for Vocational Education, No. 19, p. 12.

"If the \$200,000 in wages earned annually by disabled persons, returned to employment by the Bureau of Rehabilitation in one year, continues over a period of only ten succeeding years, the total future potential wealth created is that represented by a \$2,000,000 payroll, on an annual investment by the state at present of approximately \$50,000, with Federal funds matching in less total amount a portion of the state's appropriation."

The estimate above presented is plainly a very conservative one. In placing the average wage of the rehabilitated worker at \$1000 the Pennsylvania experience is borne out by that of Minnesota. In this state the report for the year ended June 30, 1924, shows 210 persons rehabilitated, with total annual earnings of \$217,000. As the expenditures for the work had been slightly less than \$50,000 the amount of wealth produced by the rehabilitants in one year was more than four times the cost to the public.

Ohio proves increased earning capacity.—A more intensive study, covering a smaller number of cases, has been made in Ohio. The study was based on workmen's compensation cases solely and a comparison was made between a group of cases which had accepted rehabilitation and a group which had not. The report on the study calls attention to the fact that rehabilitation is seen at its best in the non-compensation cases, apparently because then there is an absence of factors which make for self-rehabilitation. The cases studied were permanent partial disabilities, none of them including more than the loss of one major member. The report considers that these facts make it the more surprising that the showing is so favorable to rehabilitation. Of 457 cases studied, 86 had taken rehabilitation and the remainder had not. The average annual wages earned by the rehabilitated cases were \$1,176.35 and by the

^{*}Does Vocational Rehabilitation Pay? p. 9 seq., Bulletin of Civ. Rehabilitation Service of Ohio.

other group \$858.10, a difference of \$318.25. The average age of the rehabilitated group was 29 and work expectancy in years 20. The total difference therefore that rehabilitation meant to each of these workers over the 20 years was \$6,365. The study reaches the conclusion that in this class of case for every dollar invested in rehabilitation \$47.71 was returned to society in the form of increased earning capacity. The weak point in the study would seem to be the assumption that the cases which took rehabilitation would have earned the same as the other group if they had not. The probability is that as they were more in need of assistance in making the adjustment, they would have earned much less than the other group if they had not been helped.

Value on nation-wide scale.—Some of the considerations which have been developed in the state studies are capable of being applied to the work in its nation-wide scale. The assumption of \$1000 average initial annual earnings for a rehabilitant probably holds good for the country at large. If so, the 12,545 rehabilitants in the first four years of the national program would have earned in their first year's labor the total of \$12,545,000. The total expended on the work in Federal, state and private funds as reported to the Federal Board was \$3,438,326. Again the ratio seen in the Minnesota instance holds true, that one year's wealth production of the rehabilitants is about four times the cost. It is surely a striking illustration of the financial value of the movement. But as was pointed out in the Pennsylvania study the effects of rehabilitation are cumulative. The rehabilitants produce wealth not over a period of one year, but during the rest of their wage-earning period. In view of the low average age of the rehabilitants, 20 years may be taken as reasonable for this expectancy. The losses from workers who prove intermittent and only variably successful will be offset by those who will advance and make much more than the initial wage. It is not extreme, then, to take as the

total result of the first four years' rehabilitation work an output of \$12,545,000 a year for 20 years or \$250,900,000. So on the material side alone, it is possible to make an entirely defensible showing for the work. In the face of such demonstrated wealth production, any proposal to economize on governmental expenditures by cutting the appropriations supporting it must appear fatuous in the extreme.

Adequacy of the work.—A criticism from a different angle has sometimes been directed at the rehabilitation work, not that its actual accomplishments were not worth while, but that it was not benefiting a large enough proportion of the disabled. A little consideration will show this to be quite unreasonable. No one familiar with the true size of the rehabilitation problem could have expected that in a few years a public system could be set up which would make much more than an appreciable effect upon the situation. In all probability it will take tremendous efforts, public and private, over a considerable period of time to reach anything like a satisfactory control of the problem. This has been the history of all other social movements.

In its seventh annual report the Federal Board devotes some attention to the proportion of disabled cases reached. It takes 225,000 as the number of persons disabled annually by accident, disease, and congenital condition, and assumes that half of these are vocationally handicapped. It then deducts 25% as not requiring the help of the public service, arriving at a final number of 84,000 as the prospective clients of the rehabilitation agency. On this basis the number rehabilitated in the year covered by the report, 4530, was one-fourteenth of the total. The report makes special note of the fact that thousands who were given physical restoration either directly by the rehabilitation agencies or through their intervention are not counted. As has been shown in Chapter II, it is probable the

^{*}Seventh Annual Report, Federal Board for Vocational Education, p. 118.

estimate here used for the total number of the disabled is much too low. However, it makes little difference whether the proportion reached was one-fourteenth or one-twenty-eighth. What counts is whether the best possible use was made of the money, whether a genuine demonstration was made of the possibilities of rehabilitation, and whether a real leadership was organized which is capable eventually of coping with the problem.

Difficulties in comparisons.—Comparisons of the work in the states deduced from a mere study of the statistical tables in the Federal Board report are dangerous. Only an actual knowledge of it as it is done can interpret the work properly. To draw the conclusion that because one state has rehabilitated 600 in a year and another state of equal population has rehabilitated only 300 the first state must have a better method than the second is most unsafe. The first state may have operated largely through placement because it had the type of disabled most suited to that method, or may have had an older system, or the second state may have been one of much greater distances, thus reducing the number of cases per staff member. The states differ in geographical area. They differ in character of population and in density of population. They differ in the nature of their industries. They differ in the kinds of disabilities most common. They differ in the immediate need most pressing for the attention of the rehabilitation service. As has been seen, one may require the promotion of a considerable amount of physical restoration at the earliest possible moment, another can with safety go directly into a training program. The states differ, too, in the genius of their political institutions. They have different ways of getting things accomplished, and any new activities, to be successful, must be well articulated with the old.

It is hard to see how any fair-minded publicist could expect an autocrat at Washington (assuming the public would tolerate such an autocrat) to dictate a uniform manner of dealing with the problem of the disabled in every state, or that any conceivable good could come out of such action. What has really happened has been that the freedom to experiment and to adapt has helped the rehabilitation work to find a normal place in the civic life of most states and given it a more secure basis than it otherwise would have had, while at the same time fostering developments that have been of value everywhere. It is probable the public work has accomplished all that it could without the incitement of popular interest on a much larger scale.

Cost per case.—Once the difficulties in the comparison of the work of the states are understood there are certain tests of efficiency which may be applied, always, however, in the light of local conditions. The most common, and the most obvious, is the cost per case. This will be high in the first few years, but after the period of organization is over and the protracted cases begin to mature, it should reach a reasonable level. The average for the country, \$221, has been mentioned. As applied to any given state, it should be remembered that a dense population, or small territorial scope, make for low costs. It is also in point that a training program is more expensive than one chiefly of placement, but is more valuable in being more permanent. Again low salaries may keep down administrative costs but are not conducive in the long run to a good grade of work, as they encourage turnover and thereby subject the disabled to being practised upon by inexperienced employees.

Percentage of successful cases.—A second test of efficiency is the percentage of cases successful among those accepted for rehabilitation. This, too, must be applied with a great deal of care. A selection of the easier disabilities could readily be made, which would give a high proportion of successful cases but would not be a genuine squaring-up to the rehabilitation job. Probably the normal percentage of successful cases will not be found to be very high: 50% might be assumed to be fair and 66% % to

be exceptional. An accurate standard still remains to be worked out.

Fair distribution among types.—Whatever value is given to the percentage of successful cases must be considered in correlation with the next test, that the types given rehabilitation should so far as possible be representative of the various kinds of the handicapped. The work should not be specialized on one or two types. It is intended for all. If there is not money enough for all, and there certainly is not at present, the only fair thing to do is to take care of enough of each type to demonstrate the possibilities. Such a course will lay a better foundation for the future work than a narrowing of the field of effort.

Much the same reasoning applies to the forms of rehabilitation undertaken. An efficient system will endeavor to use every form of rehabilitation, unless some very peculiar conditions make for a large resort to one particular form. In most of the states there will be many who can be helped by physical restoration, many who require placement alone, and many whose best interest is served by training, to mention only the principal forms. If the rehabilitation agency specializes on one form it is likely to do injustice to some of its wards who ought to have another form of service.

Stimulation of interest.—Still another measure of success is the degree to which popular interest has been stimulated and the co-operation of other agencies, public and private, secured. It is realized that there are limits to the sort of outright publicity work that can be done by a public agency, but even the steady conduct of the work and the contacts made by each case should build up an increasing understanding on the part of the community, together with a disposition to further the work. No amount of press notice will long protect a thoroughly inefficient agency, and on the other hand an efficient one is sure to rally many ardent supporters without a bugle blast. The continued presence then of popular appreciation of the work, especially

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when shown by the development of co-operative plans and stimulation of related activities, is a pretty good evidence of a successful program.

Rehabilitation as conservation.—Although its history has been so brief, the place of the rehabilitation concept in our social and political life now seems assured. It has been explained and justified from a number of diverse points of view, almost any one of which would in itself have been sufficient. Probably the one which has received the widest acceptance and has been most quoted is the one which may be termed "conservation of resources." It has been well presented by Senator Simeon D. Fess, one of the authors of the Federal Law, in announcing his support of the renewal act: 8

"When we in Congress talk of conservation, it is very popular, but unfortunately conservation heretofore has been limited to physical matters, material things. Talk about conservation of our forests, it is wonderfully popular; conservation of our oil interests, exceedingly popular just now; conservation of our natural resources, there is no subject more popular. But when we talk about conservation of human energy people say: 'Is that a proper question for legislation, is that a proper function of government?' Heretofore it has not been difficult to get appropriations for any protective or remedial purposes; especially when asked for by the South and West. Why, we could appropriate \$20,000,000 annually to prevent hog cholera, but it is hard to appropriate a million to conserve life. As Doctor Wiley says: 'Moral—Better be a hog!' It is easy to get an appropriation of a million to fight T.B. in cattle. Why, I vote for it right along. It is easy to get appropriations to conserve or protect our orchards. I do not hesitate about those things; I think it is a proper function, and I am willing to vote large appropriations. Now, if here is a cripple, a hopeless object of charity, he most

⁸ Bulletin 93, Proceedings of National Conference on Civilian Rehabilitation, Federal Board for Vocational Education, p. 5.

probably was not responsible for that. It may have been an accident in which he was not to blame at all. If the government can take that unfortunate and by a course of training put him on his feet—not relieve him simply by the Government keeping him, but a thousand times better than that, develop him in self-reliance and independence and make him a man—if the government can do that, that is conservation that is worth while."

In the same vein the Federal Board Yearbook for 1923 states the case: "The need for conservation of such natural resources as lumber, coal, fisheries, and other bounties of nature has been apparent for a long time, and the recognition of the need has in each case been followed by organized effort to bring about conservation, but until the passage of the vocational rehabilitation act we have not formally recognized labor capacity as our greatest natural resource, or acted in accordance with the principle that any impairment or loss of this capacity should be met with an effort of organized conservation."

Viewpoint of National Efficiency.—Another point of view which undoubtedly influenced the passage of the original act was that of national efficiency. The country had just emerged from a great war. The need for the availability of the utmost possible labor power had been revealed in an impressive manner. Americans for a time had become used to forgetting the parochial way of looking at things and had seen problems in a national scope. They realized that it was some concern to New York and Massachusetts if disabled citizens in Minnesota or California were allowed to remain on the scrap-heap. Carried for the time being away from the old tradition of petty localism that has been a pest from the days of the Articles of Confederation and earlier, they took a step which meant a stronger, more wholesome nation. It was sound policy and will be recognized as such when the present day "laissez-faire, and devil-take-thehindmost" revival has been forgotten.

^{*} Yearbook, 1923, Federal Board for Vocational Education, p. 395.

An engineering concept.—An interesting adaptation of the efficiency idea to show that sound engineering principles require that industry itself recognize the rehabilitation program and conform to it has been made by Mr. Riddle of Pennsylvania. He puts it in part as follows: 10 "A great industrial plant is promoted, financed, and plans for construction and operation are begun. Engineers and consultants are retained for the most effective and workable design. . . . Through every phase of the development is one thought—economy—consistent with safety and maximum production. . . . An employment policy is adopted. No applicants disabled by amputation or similar physical handicap, even though otherwise physically sound, will be considered. Tasks that could be performed by one-armed or one-legged workers are to be performed by workers with two arms or two legs. . . . Nowhere in the plan is a 10-inch I-beam where a 6-inch I-beam can carry the load. Nowhere is a 10 horse-power motor installed where a motor of 5 horsepower is adequate. The mechanical design of the material equipment shows almost perfect balance. What of the human equipment? Tasks that can be suitably performed by workers with only one arm are not classified as available for such workers, in order to release from such tasks two-armed applicants for other employment requiring use of both arms. Tasks that can be performed by persons sitting have not been designated as suitable for workers with one leg or two legs amputated, in order to increase the potential supply of ablebodied labor. Economical design—man-power conservation has evidently not been extended to the human operations in that plant."

He concludes with the prophecy: "It will probably not be many years before every large manufacturing and public utility corporation, employing great numbers of workers in hazardous

¹⁰ Labor and Industry, Vol. XII, No. 1, p. 9. Published by Department of Labor and Industry, Pennsylvania.

processes, will have the human operating tasks analyzed and card-indexed from the physical requirement standpoint, and workers, even though physically disabled, if otherwise qualified, will be employed with the same engineering skill and foresight as to-day guide the structural engineer in his selection of size and character of materials and the mechanical engineer in his design of operating equipment."

A considered ordering required.—If rehabilitation is in line with sound engineering policy for private industry, it all the more becomes a good piece of engineering on the part of state and nation. Among the best presentations of the argument for a considered ordering of our complicated modern life is Graham Wallas' The Great Society. He explains his use of the term "The Great Society" to cover the highly complex and interrelated civilization of the present day and continues: 11 "The extension of social scale which created the Great Society was mainly due to certain mechanical inventions. Those who first developed these inventions expected that their results would be entirely good. But we now feel some misgiving when we compare the states of consciousness typical of the Great Society with those typical of more primitive organizations or when we estimate the forces making for its coherence or dissolution." Later he says: 12 "Throughout the politics and the literature of the twentieth century one traces this fear, conscious or halfconscious, lest the civilization which we have adopted so rapidly and with so little forethought may prove unable to secure either a harmonious life for its members or even its own stability. The old delight in 'the manifest finger of destiny' and 'the tide of progress' even the newer belief in the effortless 'evolution' of social institutions are gone. We are afraid of the blind forces to which we used so willingly to surrender ourselves. We feel that we must reconsider the basis of our

[&]quot;Graham Wallas, The Great Society, Synopsis of Chapter I.

¹² *Ibid.*, p 14.

AN EVALUATION OF THE REHABILITATION MOVEMENT 513 organized life because, without reconsideration, we have no chance of controlling it."

The educational concept.—Among the less comprehensive viewpoints from which a justification of rehabilitation has been evolved the one having the widest and most time-honored acceptance is that which looks upon it as an extension of educational opportunity. This applies of course only to the training side. Free public education has come to be synonymous with Americanism. It is looked upon kindly as a local and state governmental function and has even fared better than have other things as a matter for Federal assistance. The person who has become disabled has dropped back to the stage where he is again in need of preparation for life. The youth who reaches working age in a disabled condition is in need of more adaptation and more education than his normal brother or sister. A vocational rehabilitation program is in entire harmony with the American philosophy of making education available to all. It is grounded in the historic American tradition of equality of opportunity. The idea is well expressed by George Santayana: 13 "But as the American is an individualist his good will is not officious. His instinct is to think well of everybody, and to wish everybody well, but in a spirit of rough comradeship, expecting every man to stand on his own legs and be helpful in his turn. When he has given his neighbor a chance he thinks he has done enough for him; but he feels it is an absolute duty to do that."

Social justice for the worker.—The next of the partial view-points in the order of the strength of its following is that which looks upon rehabilitation as a part of the movement to secure social justice for the laboring man, as a completion or rounding out of workmen's compensation. That in so far as it relates to industrial accidents it is a desirable and necessary complement to the compensation laws has been admitted by

¹³ George Santayana, Character and Opinion in the United States, p. 171.

both management and labor. Both forces have been prominent among the supporters of the legislation. And in truth there is sound reason to consider much of rehabilitation not as an eleemosynary thing, but as a matter of simple justice. This intricate machine-made world of to-day is not constructed by power and metal alone. There enters into its composition also a very large amount of human blood, a very considerable quantity of human bone and human flesh. For every large building erected, for every so many thousand of factory products, for the hours of hurry on the part of trucks and of haste on the part of pleasure automobiles, there is a relentless and definite toll in human life and limb. Even many of the diseases which cripple and hamper, though too subtle in their origin to permit tracing so as to come within a compensation payment scheme, are in reality due to the stress and strain of the industrial age. In this category would be found much tuberculosis and heart disease.

Public Health viewpoint.—Another of the partial viewpoints is that of public health. Unfortunately on its constructive side this is of recent origin and has not so strong a body of sentiment back of it as the others. It had its rise in the police powers of the state and was at first concerned with safeguarding the public from great and obvious dangers such as epidemics. Activity for the physical improvement of individuals has not yet won an undisputed place in our policy. It is just as logical as many other governmental functions and deserves to be fostered.

The philanthropic aspect.—Finally, there is the viewpoint of rehabilitation as an extension of the philanthropic or eleemosynary activities of government. This is again one which is not supported by an unbroken tradition. Constructive welfare work has not come to stand out distinct from mere relief in the Anglo-Saxon mind. For the dangers of public relief the experience of England and later many of the American states has

left a lively apprehension. All public assistance is likely to be measured with the same yard-stick. In so far as there are features of rehabilitation which cannot be explained as anything but social welfare measures, a long campaign of education will be required to establish them as legitimate public functions. As Graham Wallas says: 14 "Philanthropy, however, in order to become the Public Spirit required in the Great Society, must be strengthened by Imagination, Knowledge, Habit, the esthetic emotion, and other dispositions." Later he puts it this way: 15 "The disposition of Philanthropy (if one may use the term in its original sense of the Love of one's fellows as such) varies very widely among individuals. . . . Its weakness and uncertainty suggest that it is a late and half-finished product of evolution, and those who have to use the dispositions of men for their own purposes constantly tend to rely, as a substitute for or aid to it, on the stronger and earlier instincts of Loyalty (following the Lead) for a party or a chief, or the still earlier affections of sex or parenthood." And yet the program as a whole is one of the most far-sighted that a state could undertake. It is broadly remedial, but in the end it tends to reduce social waste very greatly.

The charge of paternalism.—To all efforts to further the welfare of individuals or groups through government action the charge of "paternalism" is the most frequent criticism. It relies for its force upon the epithet itself and the connotations that have gone with it in American life. But the truth is easily shown that the only test should be whether a given social undertaking is necessary, whether it can safely be undertaken by the government, and whether it is best done by government. If there is reason to answer these questions in the affirmative, then the task should be assumed by government regardless of antiquated laissez-faire doctrines in economics or Jeffersonian

¹⁴ Wallas, op. cit., Synopsis of Chapter IX.

¹⁵ *Ibid.*, p. 145.

principles in politics. A classic reply has been made to this constant wail of "paternalism" by Dr. Royal Meeker when United States commissioner of Labor Statistics. He was speaking of social insurance, but his remarks apply as well to other labor welfare measures. He said: 16 "Many earnest people are afraid that social insurance will take away from the workingman his independence, initiative, and self-reliance which are so celebrated in song and story and transform him into a mere spoon-fed mollycoddle. This would be a cruel calamity. But if the worst comes to the worst, I, for my part, would rather see a race of sturdy, contented, healthful mollycoddles, carefully fed, medically examined, physically fit, nursed in illness, and cared for in old age and at death as a matter of course in recognition of services rendered or for injuries suffered in performance of labor, than to see the most ferociously independent and self-reliant superrace of tubercular, rheumatic, and malarial cripples tottering unsocialistically along the socialized highways, reclining self-reliantly upon the communal benches of the public parks, and staring belligerently at the communal trees, flowers, and shrubbery, enjoying defiantly the social light of the great unsocialized sun, drinking individualistically the socialized water bubbling from the public fountain, in adversity even eating privately the communistic bread provided in the community almshouses, and at last going expensively to rest, independently and self-reliantly, in a socialized or mutualized gravevard full of little individualistic slabs erected to the memory of the independent and self-reliant dead." The case could not be better stated. After all it is with the future of mankind and society that we are concerned, not with the maintenance of economic or political dogmas.

Criterion of progress.—It is significant that many historians and social philosophers make the criterion of each civilization the extent to which altruism and idealism have been developed.

¹⁶ Bulletin 210, U. S. Bureau of Labor Statistics, p. 251.

Thus Arthur J. Todd, after reviewing a number of statements of this nature, concludes: 17 "Hence it is apparent that progress means an increasing ability for every individual, for all the children of all the people to interest themselves in and to participate in every healthful winning that humanity has made. It means for every member of society a wider share in life. the life more abundant, and not merely in the means of increased production. The elder Lord Asquith once said, 'The test of every civilization is the point below which the weakest and most unfortunate are allowed to fall.' Or, from the historical standpoint, progress may be measured by the decreasing ratio of those who live or are compelled to live from hand to mouth. Hence a progressive society is one which not only favors the mountain peaks of exceptional ability and opens to the widest the door of opportunity for the average man, but which also will not tolerate living conditions below a relatively high minimum standard of decency."

Such words may well be noted by the culture-weary of the present age who complain of the increasing amount of welfare work and find in "minding one's own business" a convenient formula for excusing neglect of the under-privileged. They might also think over Joan's reply 18 to King Charles when he asked plaintively: "Why can't you mind your own business, and let me mind mine?" Whereupon the Maid retorted: "Minding your own business is like minding your own body; it's the shortest way to make yourself sick."

QUESTIONS

1. Data show that in the United States 12,545 persons were rehabilitated in four years. Explain why such a number, although significant, is by no means an absolute index of the scope of the work.

¹³ G. Bernard Shaw, Saint Joan, p. 43.

¹⁷ Arthur J. Todd, Theories of Social Progress, p. 125.

- 2. Approximately 7000 of the 17,000 persons registered for rehabilitation in the year 1923-1924 were under thirty years of age. What significance has this statement?
- 3. What comments might be made regarding the estimated total annual income of rehabilitants (\$12,545,000) as compared with the total expenditure (\$3,438,326) for rehabilitation in the four years 1920-1924?
- 4. Are data showing average cost per person rehabilitated entirely just in evaluating the work? Why?
- 5. How may rehabilitation be properly viewed as "conservation of resources"?
- 6. Evaluate Mr. Riddle's suggestion of rehabilitation as an engineering concept.

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A thoroughgoing consideration of human society. Chapter VII "The Criteria of Progress" has a bearing upon the topic here discussed.

CHAPTER XXVI

THE FUTURE OF REHABILITATION

That the rehabilitation movement in all of its aspects is only in its beginnings will appear from what has gone before. The purpose of the present chapter is to bring together the suggestions for development that have heretofore been given, and to hazard some conjectures as to the lines along which progress is to be expected.

Leadership and guidance.—The first thought that comes to one who reviews the field is that the best hope for leadership and guidance for the entire movement is to be found in the state and Federal vocational rehabilitation agencies. They constitute the one great country-wide, fairly uniform system. They touch at some point all aspects of the work. They must in their very nature be organized so as to render a flexible, adaptable service. Their executives, as a rule, are intelligent and progressive, unfettered by tradition. True, they need to be strongly reinforced and supplemented by private agencies, so that the work may escape the limitations of public activity. But in the main the function of promotion, or of giving inspiration for promotions, must fall to them. Theirs will usually be the vision of the opportunity. Theirs will be the realization of the need for correlating all the activities. They must respond by becoming centers for unifying or co-ordinating the work.

Crippled children work.—In the crippled children work there is less of an element of doubt and more of hope of early fulfilment than in any other branch, vast though the required outlay of funds be. The country has never failed to respond to an appeal in the name of childhood. Powerful organizations

have enlisted in the cause. The movement has all the zeal of a crusade. It is not intended to imply that the day of complete success is at hand, but only that the forces that make for such success are more clearly visible. In great regions of the country the larger part of the program still waits to become an actuality. Every crippled child must have the opportunity of academic schooling. Every crippled child must have his proper measure of therapeutic care. Every crippled child must be given vocational preparation and raised to the best degree of economic self-sufficiency of which he is capable.

To bring this about will require a thorough survey in each state whose program is still deficient, a comprehensive crippled children's code to cover all the desirable public provisions, and co-ordinated private activities to supplement and to exercise watchfulness that the authorized public educational and therapeutic care be actually given. It will require additional legislation, additional appropriations, and additional private expenditures. But it is essential if the problem of the crippled child is to be solved.

Physical restoration.—The program of physical restoration for the disabled adult has been considered in much detail in Chapter V. It needs only to be repeated that a coherent system should be established in every state. This system will more often not be a part of the same administrative department as the vocational rehabilitation agency, but it will articulate closely with that service. Progress in medical service under the workmen's compensation acts will gradually raise the standard in reconstruction work and help to increase facilities. Federal aid for physical restoration is not within the realm of practical things politically at the present time, and if it is ever undertaken is likely to be an adjunct of the public health service.

Two auxiliary services.—Two activities which bear a close relation to physical restoration seem destined to play an important part in effecting the liaison with vocational rehabili-

tation. These are occupational therapy and hospital social service. Of the two occupational therapy has the greater significance and the greater possibilities. As has been seen, it is peculiarly fitted to function in both sides of the reconstruction field. It is curative in purpose and at the same time it points the way to vocational readjustment. Its value is certain to be appreciated more and more. The time must come when occupational therapy will be available in every hospital of any size. When this time arrives vocational rehabilitation will be enormously facilitated. Disabled persons will be brought in touch with the program sooner, their morale will be strengthened, and their advisement will be materially assisted.

The development of hospital social service will also be of benefit. The personnel in this field needs to be considerably increased. Those engaged in the service are rapidly becoming familiar with the rehabilitation concept. Ultimately it will become a part of the training for the work, and correlation of the activities will be greatly furthered. Hospital social service adequately represented should assist in bringing about early contacts with cases, should furnish the rehabilitation agency with much information of a collateral nature, and should help to make conditions favorable to economic recovery. The branch that is engaged in psychiatric social work in particular should become an auxiliary force of great potency in dealing with many of the cases of defective morale.

Spread of vocational rehabilitation.—In the realm of vocational rehabilitation itself much of the trend can be set down as unmistakable. Thus it is evident that the movement must soon reach every state in the union. No state has discontinued the work and new ones are gradually being added. The sound achievements in surrounding states will prove too much of an argument for those who have been disposed to hold out. They will realize that an improved citizenry is a consideration above the tweedle-dum and tweedle-dee of political theory.

Then, too, it is clear that no state is going to be long content with caring for only one or at best a few types of the disabled. It is not for the workmen's compensation cases only, nor for the accident cases only, nor for disease cases only. It is for all who are vocationally handicapped by a permanent physical disability. Nor is the method used to be of only one special variety. Rehabilitation is not a Procrustean bed. It must be varied so as to find the best result possible for each particular instance. Such a policy means that resort must be had to every plan and every combination of plans. Any more limited conditions that exist today are merely transitional and experimental. No state will be disposed to disregard the accumulating wealth of country-wide experience.

Correlations.—One of the assured developments is a careful articulation with crippled children work so that expert advisement will be available when special schools undertake to train in vocations and so that in any event training suited to each individual will be provided. Less certain in its details is the correlation with work for the tuberculous, although quite as sure of attainment. The problem is so large that its inclusion or non-inclusion as a whole under the general rehabilitation activity is a question. In all probability it will be answered differently in various parts of the country. The only certainty would seem to be that rehabilitation agencies will pioneer in the field and will establish such a connection with the ultimate work that the benefit of their entire experience will be transmitted.

Improvements in technique.—Many improvements in the technique of vocational rehabilitation seem reasonable to expect with the passage of time. Advisement should become a more reliable thing on two accounts. The acquisition of a rule-of-thumb skill as rehabilitation staffs have a longer period of service and office tradition back of them furnishes one reason. The other is given by the possibility that better tests for de-

termining vocational aptitudes will be devised. So, too, in the planning of courses, the selection of training agencies, and the supervision of trainees, accumulating experience, both general and individual, ought to tend to an increase in efficiency.

Reactions on vocational education.—Some reactions should also be produced upon vocational education, as the existing systems do or do not measure up to the needs disclosed by this peculiar emergency training and all of its stresses. If there is a lack of public facilities for training, the question is sure eventually to be asked: "Why must a person become disabled before the public will provide him with training in an occupation?" Just as some years ago it was asked: "Why must a boy commit a crime and be sent to a corrective institution before he can be taught a trade?" A suitable answer will require much cerebration on the part of opponents of vocational education.

On the other hand, if public facilities are available and do not appear to serve the exigencies of the rehabilitation work, a different set of questions will arise. Are publicly operated schools only intended for mass production? Why is it necessary for the public to turn to private institutions when it desires a job done of an intensive, individualized nature? Again cerebration will have to be stimulated to produce a satisfactory answer.

Betterment of placement.—It goes almost without saying that in the general improvement of technique, placement, whether as the sole means of rehabilitation or in connection with training, is sure to be improved. Experience alone would gradually bring this about. But there will be other factors at work too. The education of employers to the existence of rehabilitation and the actual competency of the handicapped will render success easier. So, too, will the increase of private activities for placement, if followed by a careful correlation of all existing placement work for the disabled, public and private. Multiplicity

of activities alone may only harass employers and at times result in harm, but a pooling of energies will make it possible to avoid this difficulty.

At times the suggestion has been made that the public employment services co-operating in the United States Free Employment Service should develop a placement activity for the handicapped. As the tendency of these services has not as a rule been toward a very intensive case work, and as the handicapped can be helped only in this manner, it does not seem probable that any great development is to be expected from such co-operation.

Reduction of failures.—A reduction in the number of failures can of course be secured through methods for strengthening the morale of the disabled. The place that occupational therapy and psychiatric social work may take in this has already been indicated. Both forms of activity will have to be greatly increased before there will be a material effect upon the situation. In particular will there need to be a multiplication of such facilities as psychiatric clinics. The realization of the need is growing, however, and it will probably be met in the near future. When this comes the rehabilitation agencies can bring the new machinery to bear upon their problems, and thereby secure better results.

Maintenance during training.—The question of personal maintenance of disabled persons during the time of rehabilitation has been among the difficult ones of the past. Each year has, however, seen the development of new ways of answering it, or of improved methods of organizing the required assistance. It must disappear as a formidable problem if the rehabilitation movement is to accomplish its object. In part, the solution may be found in a restricted public provision, either local or state; in part it may come from an increase in private activities for the handicapped, bringing with it loan funds, scholarships and special funds.

Increase of private activities.—That there will be a great increase in private activities seems unquestionable. The movement can never attain its full fruition without such support, and its character, its civic and humanitarian import are such that it is unthinkable it should not secure the whole-hearted approval of the American people. The doubtful parts are only the limits between the respective fields of public and private endeavor and the probable duration of the need for private agencies.

Enough has been said in a previous chapter to indicate that the boundary between the two fields will usually be a fluctuating one. Circumstances in each state will have to determine the extent of private endeavor. As some activities become better standardized and as confidence grows in the work, the public will probably take over more and more of it. After it has reached its peak the private activity is likely to diminish somewhat, but that it can ever be dispensed with is not probable. Too much will remain that calls for pioneering, for flexibility, for maintenance of popular interest, to warrant the thought that the whole movement should be committed in its entirety to a governmental department.

Recognition by social service work.—Along with the development of private agencies distinctly for the handicapped will come the greater recognition of the philosophy of rehabilitation on the part of the general social service field, particularly the case-working agencies. The common ground shared between rehabilitation and many other social service activities will receive constant attention and discussion at national and state conferences, much as takes place now in connection with family welfare work, child helping work and the like. The result will be continual improvement in the character of the co-operation given. Not only will sporadic co-operation be bettered but systematic co-operation is certain to become more extended and more efficient.

All of the factors that have been discussed, the improvements in technique and the increase of co-operation, will in the nature of things make for a larger return in successful work. The results in each case will be more satisfactory and the total cost in relation to the numbers served, or the "cost per case" will be lowered. It might be added that these are the only legitimate ways in sight at the present time by which a lower cost can be produced. All other proposals are illusory.

Local participation.—On the side of the governmental implications of the work, several moot questions are to be found. If the local units be taken first as being the nearest at hand, there is the question whether any direct participation is to be expected from them. The most probable answer is in the negative, if by participation is meant a direct subsidy to the work or the underwriting of a portion of the personnel. In two ways, however, an increasing participation by the local units, cities, townships and counties, is to be expected. One is in continually improved public facilities for vocational education. All steps in this direction will make the problem of training easier and less expensive, provided only the ideal of service to the individual rather than to groups is kept in mind. Too many schools wish their pupils to come like the sorrows in Hamlet, not as single spies but in battalions.

The other way for increased local participation is in a readier response to the maintenance problem. Either by new provisions for public relief in rehabilitation cases or by expansion of existing measures, local units will undoubtedly render more and more service. To the extent to which they respond the creation of new state-dispensed funds will be obviated.

Problem of state administration.—In the realm of state activity one of the chief questions that has arisen has been the appropriate department to have charge of the rehabilitation agency. It has been seen in Chapter IX that the terms of the

Federal statute have not prevented three of the states, New Jersey, Pennsylvania and Montana, from departing from the standard plan of locating the activity under the State Board for Vocational Education. It is probable, therefore, that if any state in the future desires to re-locate the activity so as to secure better functioning with regard to that state's peculiar organization, no amendment to the Federal act will be required.

It is also probable that as time goes on there will be less and less disposition to re-assign the work. Wherever it is placed there will be aspects that fall more logically in other departments. The only test, therefore, is going to be the pragmatic one, how does direction by the State Board for Vocational Education work? It is believed there is an increasing tendency to recognize the importance of the rehabilitation work, and as this comes about, the dissatisfaction of friends of the movement with the vocational boards will diminish. Especially will this be true as time sees the disappearance of the notion that rehabilitation is only one of the subordinate phases of vocational education. It is a safe forecast that the rehabilitation agency will more and more become in fact if not in name a coordinate activity under the vocational board and not a mere phase like trade and industrial or agricultural education. this takes place the restrictions on personnel due to the fallacy that case work should require no greater staff than school supervision will also fade out.

Adequate financial support.—The other problem of the state work consists in getting adequate financial support. The obstacles have been three:

1. The restriction of personnel according to unrelated standards in other branches of the education department has limited the accomplishments of the work and even its intake of new cases, so that a false appearance of little demand has been created.

- 2. The idea of matching the Federal money has given the wrong impression that the combined funds represented some sort of index of the probable total that would be needed.
- 3. The general hue-and-cry for economy and retrenchment in the post-war period has affected rehabilitation along with other activities and has prevented its natural expansion.

The method by which all three obstacles may be overcome is one and the same. It consists in organized public sentiment. The third obstacle is unquestionably the most serious as it will probably continue for a longer time than the others. It is vulnerable only through a constant iteration of the actual economic, wealth-creating value of rehabilitation. It must be demonstrated over and over again that trimming appropriations at the expense of the agency engaged in reclaiming the disabled is like shutting down a profit-making factory in order to reduce expenses. The outlay is stopped but so also is the four-times greater income. Public men who advocate it will not long enjoy a reputation for level-headedness.

True standard of support.—Sooner or later the measure of the financial support required for rehabilitation will be the number of disabled persons in the state requiring service. The mischievous criterion of the support required for purely supervisory educational work is already falling into discredit. The other standard of the sum of the Federal and matched funds is equally unworthy of long acceptance by intelligent persons. The Federal money was by the very language of the act intended to "promote" vocational rehabilitation, not underwrite it permanently on a fifty-fifty basis. It is the implied duty of every state as soon as it discovers the full size of its problem in relation to the disabled to take steps to meet it in a substantial The demonstration that has thus far been made of the work, when taken together with the appeal of the highly beneficent object and the past history of similar partnership undertakings by the Federal government, gives hope that at least by

the end of the coming decade the state appropriations will be more in the ratio of 75 to 25 than 50 to 50.

Relation of Federal government.—Last among the governmental problems is one which is most discussed at the present time, the relation of the Federal government to the movement. The Federal service to civilian rehabilitation is included in the series of national-state partnership arrangements which under the opprobrious term "the fifty-fifty system" are receiving the fire of a rather ill-assorted group of politicians, publicists, educationalists, and periodical writers. It is among the more vulnerable of the series because the enabling act is only for a limited period, six years, and because the appropriation has to be made annually. Not only must thought be given by friends of the movement to determining a definite policy as to renewal of the enabling act and deciding on what new period it should cover, but vigilance must be exercised to ward off possible attacks on the appropriation at any session of Congress. It is therefore imperative that there should be:

- 1. An early agreement on and formulation of a permanent policy as to the Federal service and subsidy;
- 2. A thorough understanding of the reasons for the Federal grant-in-aid in order that rehabilitation proponents may assist in repelling attacks upon the system.

Definite plan desirable.—As to a permanent policy the difficulty in the past has not been so much a failure to agree as want of a forum for discussion and a medium for expression. The result was seen in the campaign for renewal of the act in 1923-24 when plans had to be made rather hastily and promotion machinery had to be improvised. This was almost inevitable then because of the youth of the movement. Now, however, the situation is different. The movement is represented at least by a professional organization, there has been an increase of affiliated and co-operating activities, and there is a longer period during which the subject may be given discussion

and thought before becoming an active issue. The time is therefore auspicious for formulation of a definite policy.

Suggested permanent policy.—While no one can foresee what will be the outcome of the deliberations of such a body as the National Civilian Rehabilitation Conference, the previous expressions of leaders in the work would favor the inference that a policy when formulated would be about as follows:

- 1. The Federal advisory service must be permanent. The reasons for this and the indispensability of the service have been touched upon several times in other chapters.
- 2. The Federal aid should be made a continuing thing, or if congress is fearful of an indefinite continuance, a ten-year period should be the minimum to be considered for a renewal of the enabling act. Anything shorter is too brief for the large commitments to be undertaken, and is unworthy of the great nation interested in the project.
- 3. No increase is necessary in the amount divided among the states and no change is desirable in the character of the work authorized by the act. More money could undoubtedly be used to advantage by the states, but on the other hand if the purpose of the act is the "promotion" of vocational rehabilitation the stimulus of the Federal aid should be reflected in an early disposition on the part of the states to appropriate more than just enough to match the allotment. The kind of activities upon which the money may be spent should not be increased unless there is an increase in the amount distributed. Any such changes in the basis of the act also create complications and endanger the whole fabric. It would seem wisest to let the question of extensions in the character of the service wait upon additional legislation.

Principles underlying "Grants-in-aid."—Such a policy as that just outlined involves the acceptance of a sound "grant-in-aid" system and stands or falls according as such a program for the United States government is vindicated or condemned. The sub-

ject has been fully discussed by Prosser and Allen in their book *Vocational Education in a Democracy*, Chapter XVI, "Federal Aid to Vocational Education." Much that is there said applies with equal force to the case for vocational rehabilitation. The authors first cite the general principles underlying the policy set forth in the book *Grants-in-Aid* by Sidney and Beatrice Webb, as follows: ¹

"Grants-in-aid from the Central government to local governments are necessary: 1. to encourage local communities to undertake new and needed forms of service for the common good; 2. to equalize inequalities of burden among local communities due to their widely differing problems and taxing resources; 3. to secure effective co-operation between the Central government and local government in the conduct of the enterprise; and, 4. to insure an irreducible minimum of efficiency in the conduct of the enterprise which will safeguard the proper expenditure of the grant for its declared purpose."

Application to rehabilitation.—They next take up the application of these principles to the case of vocational education, quoting the tenets laid down by the Commission on National Aid to Vocational Education (1914) as a basis for its recommendations. These fundamental ideas may be exactly paraphrased to fit the case of vocational rehabilitation, and will hold good equally well. So paraphrased they are:

- 1. Vocational rehabilitation being essential to the national welfare, it is a function of the national government to stimulate the states to undertake this new and needed form of service.
- 2. Because of their widely varying problems and taxing resources, Federal grants are necessary in order to equalize the inequalities of burden among the states in the establishment and maintenance of vocational rehabilitation.
 - 3. Since the nation is vitally interested in efficient vocational

¹Prosser and Allen "Vocational Education in a Democracy," Century, p. 426.

rehabilitation, Federal grants for the work should secure for the national government the right to a reasonable extent of participation with the states in the common enterprise, without interfering with their autonomy in the conduct of their own affairs.

- 4. Only by such co-operation can minimum standards of efficiency be established and maintained for the vocational rehabilitation services of the various states, for which Federal moneys are expended; and only by this co-operation will the use of such moneys for the specific purposes intended be insured.
- 5. Only by such co-operation can an efficient country-wide system of vocational rehabilitation be established and maintained.

Basis of opposition.—The current opposition to grants-in-aid is based in the main upon three points: 1. that the system is unconstitutional; 2. that Federal aid measures invade state rights, foster a domineering Federal bureaucracy, and destroy local initiative and self-reliance; and, 3. that such acts induce the states to tax themselves unnecessarily and to engage in extravagant expenditures. The question of constitutionality will probably never be ruled on, since the effort of Massachusetts to test it in the case of the Maternity Act failed, the Supreme Court dismissing the petition for want of jurisdiction. Nevertheless, it continues to be raised, in the effort to make the system seem spurious.

Question of constitutionality.—The entire legitimacy of the grant-in-aid measures comes out clearly in the summary made by Prosser and Allen of the case for constitutionality: ²

"1. The National Government has the constitutional right to appropriate moneys for any purpose not forbidden by the Constitution and to enter into any contractual arrangement with the states not so forbidden.

² Prosser and Allen, op. cit., p. 460.

- "2. The states have the constitutional right to accept and use money from any source including the National Government for any purpose not forbidden by the Constitution and to enter into any contractual arrangement with any individual or entity, including the National Government, not so forbidden.
- "3. Nowhere does the Constitution either directly or indirectly forbid any of the actions performed by either the Federal or the State governments in the enactment and execution of the Vocational Education Act, or, for that matter, of any of the other acts making grants to the states for any purpose.
- "4. The principles of all this legislation have been firmly established by sixty years of precedent undisturbed by any adverse action of the courts. They will continue to be undisturbed."

Hence it appears that the system, instead of being an innovation and a straying from the paths of the fathers, is of such long standing that if its validity were a close question the legal principle of "stare decisis" would turn the scale in its favor.

An emotional propaganda.—The other two points urged against the system, while at times proffered with sincerity, have more often taken the guise of chimeras conjured for propaganda purposes. There has been in the course of the discussion an edifying exemplification of some of the outstanding features of social psychology. One is reminded of James Harvey Robinson's caution to be on guard when such terms as "revered," "ancient," "hallowed," etc., are used. The air has been filled with shibboleths; the ark of the covenant, the palladium of liberty and like symbols have been brought out from their sanctuaries; the unspoiled and ungoverned savage of Jean Jacques has been galvanized to strut another brief hour on the stage; even the sacred codfish and most of all the golden calf have been invoked; in truth every device known to the human animal for rationalizing his prejudices or inhibiting thought by stimulating

emotion has been called into play. It has been a good demonstration of the need for such a caution as Robinson's: 3 "As for political life, a good deal would be accomplished if students could be habituated to distinguish successfully between empty declamations of politicians and statements of facts, between vague party programs and concrete recommendations and proposals. They should early learn that language is not primarily a vehicle of ideas and information but an emotional outlet corresponding to various cooings, growlings, snarls, crowings, and brayings."

Ultimate test of facts.—In the face of such a campaign the calm answer of pointing to the "undoctored incident" seems for a time to have little effect. Even the sense of humor appears submerged. Neither the incongruity of Eastern tariff beneficiaries objecting to a distribution of Federal money which may unduly favor the West and South, nor the absurdity of any of the coddled and comfortable participants in the highly artificial civilization of today solemnly quoting the Jeffersonian maxim—"That government is best which governs least"—evoked the Olympian laughter throughout the country that was its due. Nevertheless, the hope of believers in social progress must continue to be in the eventual triumph of reason. Only in such a faith can any work for human welfare continue. The ultimate test of facts, the ultimate reaction of sentiment, will be in their favor.

Rehabilitation advocates must continue to point out, if their Federal aid is still made a target, that the alleged ills are imaginary. The domination by the Federal government simply hasn't materialized. It is just a fancy evolved by opponents to "give verisimilitude to an otherwise bald and unconvincing narrative." Instead of destroying local initiative the truth stands out clearly that it has been stimulated. Instead of extravagant expenditures having been promoted the cold plain

³ James Harvey Robinson, The Mind in the Making, p. 223.

facts show a gain to each community averaging more than four times the cost. Must a movement which is so strikingly adding to the labor power of the country be sacrificed on the altar of a political theory? Must a large submerged group of citizens, rejoicing in the prospect of becoming producers, after being the victims of immemorial neglect, be pushed back into the slough of despond, just to please a school of doctrinaires? It will be unprecedented if the practical business sense of the American people responds in such a manner. The proper presentation, both of the questions of Federal aid and adequate state support, should readily win the continuance of the former and the upbuilding of the latter. The pragmatic test is after all a powerful one with Americans.

Need for continuous publicity.—But the proper presentation is of the utmost importance. If the rehabilitation movement has fallen short at any point in its early years it has been on the side of educating the public. Partial failure of this sort during such a period is explainable by absorption of energies in the myriad details of the work itself. But the time has come when success depends on the rounding out of the program. Intensive and continuous publicity is essential to attainment of the goal. It is vitally necessary for the following reasons:

- 1. That the size of the problem may be understood.
- 2. That the character and value of the work may be appreciated.
- 3. That proper support, both public and private, may be called out.
- 4. That the age-old prejudices, prepossessions, and misunder-standings with reference to the handicapped may be eradicated.

Means for reaching public.—The means used in the campaign of education will have to be much increased. Heretofore it has been confined largely to official reports, with occasional newspaper notice and very, very little magazine notice. As private agencies come into existence to support the public work, greater

variety and much more energy can be put into the campaign. The large conferences of state-wide organizations devoted to the work will in themselves be an excellent means of spreading information about the movement. They bring together persons from many parts of the state and from many avenues of life. The same is true of national conferences, and will be more so as attendance is enlarged. Somewhat of the same nature is the plan of presenting the movement in addresses before luncheon clubs and interested societies. It gives the direct personal impression which is lacking in the printed statement and offers opportunity for question and answer. The radio talk is an extension of the personal address and has the added merit of reaching very large numbers. It lacks on the side of visual impression and opportunity for discussion.

The daily press will give more attention to the work as there are more activities, such as conferences, board meetings, committee reports, surveys, etc., to serve as the nucleus of current news. These notices will in their turn make the use of feature articles more frequent. In the field of magazine publicity a great development is desirable and probable. It will undoubtedly come about in three ways: 1. through the founding of an organ of expression for the movement; 2. through the increased use of articles on the work by specialized magazines such as those devoted to social service, vocational education and industrial interests; and, 3. through the recognition by general magazines of the human interest value of articles and stories touching on the rehabilitation field. Finally, the moving pictures should eventually discover the broad appeal of the humanitarian aspect of the work, for the same reasons as the newspapers and magazines, and in one or more vivid depictions add to the popular knowledge. For openly educational purposes special films have already been made and utilized by rehabilitation workers, and this method too will probably be increased.

Scope of the campaign.—The scope of the campaign of education will have to be as broad and as varied as the rehabilitation movement. There are a few features in connection with it, however, that call for special mention. The first is that the educational work must be done over and over again. It is not a matter of one intensive effort. It calls for iteration and reiteration. The advertising man may not have been entirely right when he said the most impressive words in the Bible were "Now there arose a new king over Egypt who knew not Joseph," but he certainly singled out a great truth in publicity. The clientele to which the appeal is made is in a constant state of flux, so that there are always many new individuals to be reached. The old ones, too, forget if they do not receive a fresh impression. Particularly must this principle be followed in the attempt to root out the subconscious, inbred feelings of fear and aversion for the disabled, as well as all the corollaries of such feelings. Such things have become so completely a part of the mental make-up of present-day humanity that they will be exceedingly difficult to dislodge. It is akin to changing the mores. It can be done by conscious intelligent effort but it takes a vast amount of stress to accomplish it.

Social cost of the neglected.—Another element in the campaign should be a clear-cut attempt to demonstrate the social cost of a neglected class. By cost is not meant solely the reckoning in dollars and cents. Several rehabilitation officials have made estimates of the saving in their respective territories through the conversion of dependents, actual or potential, into independent economic units. In these calculations \$300 has usually been taken as the average cost in the country of maintaining a dependent person at public expense. There has as yet been too much of estimate about the studies. What is needed is a more careful appraisal of the number of rehabilitants who were or would have been dependent, and the probable number of years of dependency saved by the reclamation work. A figure

of considerable reliability could readily be secured in such a manner.

But a neglected class is more of a debit than the mere financial outlay for its maintenance. It is a social ulcer, a frequent cause of malfunctioning in the state. A discontented portion of the citizenry, especially when the discontent comes from genuine injustice, as is often the case, is a serious liability. Nor is the bitterness confined to the individuals directly affected. Every injured workman who is given incompetent medical treatment, who is paid off with meager compensation, and who is denied a chance to get back among producers, raises doubts of the social order in a wide circle of acquaintances. Every person hampered by a crippling disease and baffled in his struggle to make a living stirs in many others deep questionings as to the fairness of the scheme of things. A society which in any degree rests upon "curses not loud but deep, mouth-honor, breath which the poor heart would fain deny, and dare not" is far from being secure. Altruism, sentiments of benevolence, should be the basis of rehabilitation work, but if they were not, pure unalloyed selfishness would furnish a sufficient motive. It would be but enlightened self-interest for the wealthiest as well as the humblest who prosper under the social order of today to stand cordially back of movements which remove the causes of unrest and tend to make life, liberty and property safe.

Clear speaking on finance.—Lastly, a third respect in which the educational side of the work needs to put forth some clear thinking and clear speaking is in connection with finance, adequate support. Reference has already been made to the force of the economic argument for rehabilitation. By itself it would be convincing, but the present does not seem to be an era when any movement can stand out for separate consideration. It is a time of alternating waves of emotion, and rehabilitation must not only fight its own proper battle, but must try not

to get caught between the lines in the great conflicts of the day, or if so caught, to give such an account of itself that its misguided assailants will hereafter seek easier prey.

As soon as the full rehabilitation program is formulated, one of the first reactions is going to be a recoil from the considerable expenditures, both public and private, that will be necessary to get adequate results. Several currents of thought in the present day are in direct opposition to further expenditures along such lines. Beginning almost as soon as the World War was over, an anti-idealistic malaise has spread over the country and has become intensified each year. It is a sort of culture-weariness, manifesting itself chiefly among the intellectual and prosperous classes, a revolt of the over-man against continuing to carry the burden of civilization. The thesis has been put forward in all seriousness that the cost of keeping up the educational and welfare services of government and the altruistic agencies of society had reached a point where it had become crushing.

It has been supported chiefly in two ways, aside from mere appeals to prejudice: 1. by citing statistics either of unknown origin or else patently garbled; and, 2. by citing figures in absolute terms but not taking the trouble to give them their relative setting. It has even received encouragement from overenthusiastic eugenists, who have had a vision that by a revival of "social Darwinism" the "unfit" could be eliminated. Abandon all welfare measures, they have said, and society will be "improved."

Flourishing fallacies.—There has been a veritable carnival of fallacies. It has not mattered that the propagandists failed to explain what society would exist for if it abolished the idealistic and altruistic. The statistics quoted have been widely re-quoted and such is the guilelessness of homo sapiens that it is usually only necessary to assert "statistics show this or that," and never a challenge as to who is sponsor for the statistics.

Then, too, absolute figures have an impressive sound. Persons whose concept of money is limited to \$100 or \$1000 will be aghast at an appropriation of \$1,000,000 without realizing that it isn't the \$1,000,000 that counts but its place in the national budget, its proportion to the national wealth, and the ultimate effects of the proposed expenditure. As for the eugenists, they forget that all of the welfare work is not for "diseased and inferior stocks." Accidents are no respecters of superior germ plasm, no, nor are many of the undiscriminating bacilli. As society is constituted at present, when the existing stock of "unfit" and "unfitted" would die off it would immediately be replaced by another supply of equal size. With a program of negative eugenics to bring about the prevention of congenital and inherited disabilities no one would quarrel, but that is far from the blanket indorsement of extermination by neglect and starvation that has been issued by a few enthusiasts.

Rehabilitation as good economy.—On the affirmative side, rehabilitation advocates can find an abundance of telling points. Society can afford to carry out the rehabilitation program in its entirety very much more than it can afford not to do so. The net results will be good economy, both in adding to the wealth-production of the country and in insuring a sounder social condition. The money for the whole program is at hand in the surplus wealth of the country.

Despite the great destruction of resources and dislocation of financial currents by the World War, the philosophy of Simon Patten set forth in *The New Basis of Civilization* still applies. In brief, he points out that until quantity production by power machinery came about the world was on a deficit basis, part of it starving and the rest only a brief time interval away from starvation. It is to this period, practically the whole of mankind's existence, that so many of our maxims, political catchwords and repressive doctrines are due. It is still the mental background of the race. After the power age reached its de-

velopment civilized nations went on a surplus basis. The wolf was driven away from the door, back into the woods, and the means were produced for a much richer, more colorful, more abundant life than had even been dreamed of before. The nation and many individuals had resources of unexampled magnitude. The condition was due to the general progress of society and fairness would call for a liberal use of the surplus to eliminate the extremes of poverty, suffering, inequality of opportunity and the like. This should be done through voluntary means, such as donations to private organizations, and through the taxing power as required for public welfare activities.

Patten's reasoning has not been successfully challenged, nor have conditions changed so as to vitiate it. The Shriners are doing a generous and benevolent thing in their hospital work for crippled children, but no one would contend that the \$2 assessment per member is impoverishing the order. The Rotarians are engaged in a worthy and highly altruistic activity in their support of general work for crippled children, and far from feeling crushed by their burden, are doubtless deriving much satisfaction from the fruits of their efforts. So it will be if voluntary work for the disabled is extended to many other societies and to individuals as yet uninterested in the possibilities of helping their fellow-beings.

Place in national budget.—Nor is the public situation in general in much different case. Localities and communities there are of course where stringency may be found. But for the country at large no such plea can rightly be made. The data are conclusive that the United States is the richest country in the world. It would be incredible short-sightedness for it to refuse to underwrite a program for the improvement of its citizenry or for any of the states to fail in doing its share of a work that is both humanitarian and economic. A comparison of the proposed expenditures for rehabilitation with some of

the other expenditures by the people of this country should rout completely the claim of inability to assume such an added burden.

Let it be assumed that an eventual outlay of \$5,000,000 annually is required for vocational rehabilitation, an equal amount for physical restoration, and \$10,000,000 for completing the program for crippled children. This would make a total of \$20,000,000. It is a large sum if taken alone, but how does it compare with other items in the nation's budget? The government figures for instance show that the American people spend on movies about \$1,000,000,000 per year. expenditures according to an unimpeachable authority are: for tobacco in all forms, \$1,700,000,000; for candy and soft drinks, \$1,500,000,000; for jewelry and musical supplies, \$1,000,-000,000. The total retail volume of trade each year is about \$35,000,000,000, and the total national income about \$66,000,-000,000. Set in the midst of figures of such size, a paltry \$20,000,000 for a highly essential and remedial work does not resemble a crushing load. It certainly would win a place in the financial plan on any conscious ordering of society along intelligent lines.

Reaction of other social movements.—A number of other social movements should have noteworthy effects upon rehabilitation and some should in turn be affected by it. The close interaction of the workmen's compensation program has been fully discussed in Chapter XV. This is an instance of very deep interrelationship and mutual reactions. Health insurance in the sense of a state-required system has not thus far become an actuality in the United States, the nearest approach having been in New York. Several states have made intensive studies through commissions, however, and it may after a time become

⁴Dr. Paul H. Nystrom, head of Retail Research Association, quoted by Mrs. Christine Frederick in *Annals of American Academy of Political and Social Science*, Vol. CXV, No. 204, p. 75.

a live issue again. The most active opponents have been the medical profession and insurance interests. Some of the objections do not go to essential parts of the system. If the issue is revived it will be incumbent upon rehabilitation advocates to see that there are no provisions offered which are harmful to their movement and that if possible provisions favorable to it be inserted. They will especially be interested in medical care tending to prevent permanent disabilities, and special maintenance allowances during a rehabilitation plan, as in some of the present workmen's compensation acts. Even as matters stand now a beginning can be made in suggesting provisions of this nature to private benefit funds. The total coverage by voluntary health insurance systems throughout the country is not inconsiderable, and may well be worthy of efforts to bring it into relations with the rehabilitation movement.

A social insurance measure which may come sooner than the foregoing is a system of compensation for automobile accidents. It is being urged more strongly every year, as the number of automobiles in use increases, as court calendars become clogged with damage suits arising out of automobile accidents, and as the participants in such litigation become more disgusted with the delays and inadequacies of the old legal methods. The same suggestions as were given in connection with health insurance must be kept in mind when automobile compensation is proposed. Medical care should promote full recovery and maintenance during training should be secured if possible.

Regularization of employment.—Another development which is sadly needed in the American economic world, and which must be brought about if a stable civilization is to be maintained is a comprehensive system for regularizing employment. This may include unemployment insurance, but whether it does or not it must be adequate to solve the problem of recurring periods of unemployment. It is as worthy of study by statesmen and publicists as were the financial troubles which led

to the founding of the Federal Reserve banks or the agricultural ills which have received attention from cabinets and congresses more recently. No graver defect than unemployment exists in our social order. When measures are found to remedy it, the task of reclaiming the disabled will be materially lightened. The handicapped have little chance to get jobs when hordes of normal men are out of work and are competing like wolves for each opening. Some who have gone through a long training find themselves deprived of a chance of employment by sudden changes of conditions, and others who have been employed come back to the rehabilitation agency for a second training because dulness has fallen upon their occupation and they cannot wait indefinitely for a revival. Hence, failures are recorded against the rehabilitation work which rightly are attributable to another part of the social organization.

Effect of immigration restriction.—Both problems will be eased very much by the continuance of still another national policy which is of recent date, the restriction of immigration. When this has been in effect long enough it will give to labor the protection of scarcity value. Unemployment should diminish greatly in magnitude and duration. The handicapped will then have their opportunity in the industrial world, and the policy of adding them through suitable services to the labor power of the country will receive vindication.

Benefit of old age pensions.—One more form of "social insurance," so-called, which has a bearing on rehabilitation, remains to be mentioned. It is old age insurance or old age pensions. It has been given consideration in a number of states. One of them, Pennsylvania, even passed a statute establishing a system, but it was declared unconstitutional. Other statutes in constitutional form are sure to be passed in the near future, however. There is an active force behind the movement in the shape of one of the fraternal orders. It is conceded by social students to be a sound policy. The relation to rehabilitation

comes in when it is remembered that pressure is sometimes brought especially by co-operating agencies, to train and place elderly applicants whose handicap is not so much the specific physical defect they carry as the general one of old age. They are difficult to refuse, they are difficult to rehabilitate, and they are not legitimately a charge against the service. A system of old age care would make the separation of such cases from truly eligible ones seem less harsh.

Relation to work for mental cases.—Among the other social movements which will receive inspiration and benefit from the rehabilitation movement a prominent one is that which has to do with restoration to health and efficiency of persons suffering from mental ailments. The success of rehabilitation for the physically handicapped points to analogous measures for the mental cases. The accumulated experience of the former work will have many points of value for the latter. Even now some of the allied services are the same, notably occupational therapy. It would probably never be practical, unless in a state of small population, to merge the public services conducted for the physically handicapped and the mentally handicapped, but it would always be the part of good administration to arrange a liaison between the two so that each might profit by the suggestions of the other.

Stimulus to prevention.—But the movement which will receive incomparably the greatest stimulus from rehabilitation is that series of related activities which may be grouped under the name prevention. It includes a heterogeneous list, but all have as their aim the protection of mankind from some form of disability. Rehabilitation will stop less than half-way in its mission if it does not cause a renewed interest and a revived earnestness in preventive work. To salvage the existing wrecks of humanity is eminently proper, is indeed fundamental, for these are the ones that are suffering right now, but if the work ceases at such a point it will not be creditable either to the

kindliness or the intelligence of the American people. Rehabilitation will bring to light, is rapidly now bringing to light, the vast numbers who go through life under appalling physical limitations. As the picture becomes more and more definite, a great resolve will go out from the people: "These things shall not be." The suffering must be prevented, the need for reconstruction averted, the cost of the reclamation efforts saved. For a true civilization an ideal like that of Browning's must be adopted: 5

"When all mankind alike is perfected,
Equal in full-blown powers,—then, not till then,
I say, begins man's general infancy."

Rehabilitation must co-operate with all preventive activities in order to reinforce and further them.

Example of tuberculosis movement.—The best exemplar at present of what can be done in fighting an evil, in effecting cure and prevention, is the tuberculosis movement. The efforts of the National Tuberculosis Association were discussed in some detail in the chapter on Private Agencies. The results attained by the anti-tuberculosis movement are beyond dispute. The death rate in the registration area was 192 in 1905 and in 1923 it was 94.6

The effect of sanatorium care was deduced as follows by Dr. Louis I. Dublin in an address before the twenty-first annual meeting of the National Tuberculosis Association:

"The tuberculous, as a whole, have a mortality approximately 14 to 15 times the normal for age. This is indicated by the fact that the fatality rate among the tuberculous is approximately ten per cent, or 100 per 1000 per year, whereas, the mortality rate of the general population at corresponding ages

⁵ Browning "Paracelsus" V, 749 seq.

⁶ Dr. Linsly R. Williams, A Year's Work, Twenty-first Annual Report of Executive Office of National Tuberculosis Association, p. 9.

is approximately seven per 1000. An estimate of fifteen times the normal mortality for the tuberculous in all stages is reasonable. It follows, therefore, that the effect of sanatorium care consists in converting groups of individuals who, if left to their own devices, might be expected to die at a rate of fifteen times the normal into groups who die at a rate of from two to three times the normal as do the incipient, or from eight to ten times the normal as do the moderately advanced cases."

Accident Prevention.—In the field of accident prevention, too, a large national organization has been functioning. The National Safety Council has been in existence for 14 years. Many branch organizations and affiliated societies have been formed. Safety regulations have been embodied in statutes, and governmental as well as private experts have sought to make the industries of the country devoid of hazard. The campaign has more recently been directed against public and miscellaneous accidents as well. It has been recognized that safe mechanical factors were only a fraction of the problem, the rest depending on the human equation, and on this account an educational work of unusual force and persistence has been carried on. Results there undoubtedly have been. These have stood out most clearly in certain industries and activities where safety was stressed. Thus train and train service accidents showed a marked decline from 1916 to 1921,7 seen most clearly in the drop in the fatality rate from 8.49 to 3.79 per thousand in the case of switchmen and helpers, and to a somewhat less extent in the other railroad occupations. The steel industry and some of the machine industries have also made noteworthy records for safety.

Unfortunately, for the country as a whole, the results attained by the movement have been temporarily obscured by two factors which have been making for an increase of accidents. One was

[†]Proceedings of the National Safety Council, Eleventh Annual Congress, p. 951.

psychological and without satisfactory explanation. It consisted in a spirit of recklessness and carelessness in industry in the years following the close of the War, resulting in an increase of industrial accidents. The other was the ever-mounting number of automobiles in use, with the complicated traffic problem and multiplication of accidents as corollaries. Thus, for males the death rate from automobile accidents * rose steadily from 3.4 per 100,000 of population in 1911 to 21.7 per 100,000 in 1923, and for females from .9 per 100,000 to 7.5 per 100,000. Both the industrial and highway problems must be faced and met or the cost of modern society will become too great to be worthwhile.

Campaign against infantile paralysis.—It was seen in the discussion of crippled children that the greatest single cause of disability was infantile paralysis. The records of the state services for the handicapped of working age would show a very considerable number of the disabilities with which they deal to be due to the same cause. Clearly then, if some method of eradicating this disease could be found or some way of immunizing against it, a large group could be kept out of the ranks of the disabled. It is an object so beneficial to humanity that it might well engage deeper attention and greater resources on the part of medical research agencies than is the case at present. No hope is in sight as yet for solving this problem. In another direction, however, much can be done. It has been demonstrated that early care after acute attacks of the disease will prevent or reduce disability. Increase of facilities for giving such care and intensive campaigns to bring it to every case after an epidemic would surely be reflected soon in a lowered number of handicapped.

The situation with regard to cardiacs is somewhat like that in regard to tuberculosis at the outset of the campaign against

⁸ Public Accidents—A National Problem, National Safety Council, 1925, p. 29.

the white plague. Large possibilities for prevention exist, but the public is not awake to the gravity of the problem. A vast amount of education seems to be indicated.

Prevention of blindness.—A prevention movement in connection with blindness has been in existence for a long time. It finds expression in the National Committee for the Prevention of Blindness. A study of much importance which is an outgrowth of this work has recently been issued. It is entitled Eye Hazards in Industry by Resnick and Carris, and it is worthy of note that one of the authors, Mr. Carris, was an early leader in vocational rehabilitation. Despite the seriousness of blindness and partial blindness, the deprivation in satisfactory living as well as the economic loss, the importance of preventive work is but little realized by the public. Schools, factories and homes are in need of correct lighting, eyes of workmen should be protected from flying particles, new-born babes should have prophylactic treatment and inheritable defects should be known and transmission avoided. The rehabilitation movement when it reaches its development can and should serve as an interpreter for this work and an auxiliary in stimulating interest.

A sound eugenics program.—When everything has been done to prevent acquired disabilities, there remain the very considerable number which are congenital. Some of these are among the most pitiful and the most irremediable. What can be done about them? At this point some items in the program of the eugenists should become acceptable to all who work for the handicapped. Every child has the right to be well-born. Eugenic research must proceed further and ascertain more facts about heredity to a certainty. A eugenic conscience must be called into existence so that the transmission of inheritable defects will be considered a social offense, and eventually even heavier prohibition by the arm of the law must be invoked. No one who has seen numbers of the unfortunate victims of bad heredity

will question that such a program is justified. Disability and physical handicaps, hampered lives, must, so far as feasible, be made impossible. Those in every part of the rehabilitation field, education and cure of crippled children, restoration of disabled adults, vocational training and placement, will accept nothing less as the goal. They will assist by making accurate studies of the factors which disable their wards and by urging unremitting attention to prevention.

The last of deformity.—In that strange book, The World Set Free, which appeared shortly before the World War and which made so many uncanny forecasts of coming events, H. G. Wells has two striking passages which express vividly the ideal for humanity above set forth. The final chapter is entitled "The Last Days of Michael Karenin" and has for its central figure an educational expert of crippled physique who has been one of the world leaders in the reconstruction imagined as following a catastrophic world war of 1950. He goes to a surgical station located in the Himalayas for a necessary operation which has only a chance of success. Conversing with the surgeon, he says: 9

"'You make me feel as though I was the last of deformity. Deformity is uncertainty—inaccuracy. My body works doubtfully, it is not even sure that it will die or live. I suppose the time is not far off when bodies such as mine will no longer be born into the world.'

'You see,' said Fowler after a little pause, 'it is necessary that spirits such as yours should be born into the world.'

'I suppose,' said Karenin, 'that my spirit has had its use. But if you think that is because my body is as it is, you are mistaken. There is no peculiar virtue in defect. I have always chafed against—all this. If I could have moved more freely and lived a larger life in health, I could have done more.'"

⁹ H. G. Wells, The World Set Free, p. 270.

Later he talks of the surgeon's life in the mountains, and says: 10

"'That is how I would have lived, if it had not been for my—defects. Nobody knows but those who have borne it the exasperation of abnormality. It will be good when you have nobody alive whose body cannot live the wholesome every day life, whose spirit cannot come up into these high places as it wills.'

'We shall manage that soon,' said Fowler.

'For endless generations man has struggled upward against the indignities of his body—and the indignities of his soul. Pains, incapacities, vile fears, black moods, despairs. How well I've known them. They've taken more time than all your holidays. It is true, is it not, that every man is something of a cripple and something of a beast? I've dipped a little deeper than most, that's all. It's only now, when he has fully learned the truth of that, that he can take hold of himself to be neither beast nor cripple. Now that he overcomes his servitude to his body, he can for the first time think of living the full life of his body. Before another generation dies you'll have the thing in hand. You'll do as you please with the Old Adam and all the old vestiges from the brutes and reptiles that lurk in his body and spirit. Isn't that so?'

'You put it boldly,' said Fowler."

No words could put better the aspiration for humanity's future that is cultivated by those who believe in the restoration and rehabilitation of the disabled, children and adults.

QUESTIONS

- 1. Elaborate the suggestion that in the future, states will not be content to rehabilitate "at best a few types of the disabled."
- 2. Does greater local participation in rehabilitation matters connote less interest in the same by the national government?

²⁰ Op. cit., p. 273.

- 3. What solution of the problem of adequate financial support of state rehabilitation work may be offered in view of the obstacles which exist?
- 4. Discuss the relation of a permanent policy of national rehabilitation to its effective continuance.
- 5. What philosophy of public welfare lies back of "grant-in-aid" principles?
- 6. How serious is the problem of "age-old prejudices, prepossessions, and misunderstandings" with which rehabilitation must contend?
- 7. The campaign of education for rehabilitation of the disabled calls for intensive effort, not once merely but constantly through "iteration and reiteration." Explain.
- 8. To what extent did rehabilitation, like many causes of human welfare, suffer from the "anti-idealistic malaise" which followed the World War?
- 9. Assuming that twenty million dollars annually would represent the cost of rehabilitation on an eminently satisfactory plane, how would it compare with costs of other worth-while endeavors on the same plane of achievement?

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A

THE STORY OF MICHAEL DOWLING

The story of Michael Dowling has been in such demand throughout the country for use in inspiring disabled persons to make the most of their capacities that the authors wished to include it in this book in order to make it more generally available. It was felt that the best account extant was the article that Mr. Dowling himself had written for the Annals of the American Academy of Political and Social Science. Acknowledgment is hereby made of the courtesy of the American Academy in granting permission to reproduce the article.

A Story of Rehabilitation by a Cripple Who is not a Cripple
By Michael J. Dowling
President Olivia State Bank, Olivia, Minn.

from Annals of American Academy of Political and Social Science, Vol. LXXX, Whole No. 169 (November, 1918), p. 43.

I think the chronology of this exhibit started February 17, 1866. He was frozen in a blizzard in Minnesota, December 4, 1880, which was known in Minnesota and throughout the west as the great snow winter. The next important event occurred on the second of October, 1895, when he married a very beautiful girl. He had no difficulty in courting her—and was not the only one. The next event of any great importance is yet to come. It is the writing of the epitaph.

I was fourteen years old, almost fifteen, when I was lost in the blizzard in Minnesota, and up to that time there had not been much in life—since that time there has been a great deal. As a

boy and before being overtaken by the blizzard in southwestern Minnesota, I had been making my own way from the time I was ten years old, that is since my mother died. Among other things which I did in preparation for this experiment of reconstruction was to fill the positions of cookee in a lumber camp in Wisconsin, cookee on several Mississippi steamboats plying between St. Paul and St. Louis, water carrier on the Dalrymple Wheat Farm, Cottage Grove, Minnesota, and for a time a kid cowboy on a large ranch, known as Lord White House Ranch in Wyoming, where I learned to shoot, and ride any horse that had four legs. I am willing to put up a wager that there is not a horse on the ranch that I cannot ride today.

The blizzard can best be understood by you—if you have not been in one—by looking up a recent number of the Saturday Evening Post, in which the author of "Keeping up with Lizzie" describes "The Making of Mike," having reference to me. It is the best description of a blizzard that I have ever read.

The blizzard I faced on December 4, 1880, caused the thermometer to register 50° below, and I was out from about seven in the evening until sunrise the next morning. The sun did come up the next morning, and so did I—out of a bed in a straw-pile and on getting up and trying to get to a farmhouse, I found that I could not bend my knees and I could not open my hands. The hands were frozen clinched and were like two chunks of clay, but after awhile I limbered up a little, in order to get on my feet and make for the house. I aroused the people. It was rather early even for farmers to get up. The good lady of the house filled a tub with cold water and some other vessels with cold water, and I put both arms up to the elbows and both legs up to the knees into this cold water, and then with this thawing-out process came a splendid opportunity to display courage. It is not a very pleasant occupation, watching the frost freeze the water around your hands and legs and form an ice coating all around as the frost comes out. However, the surgical operation was not and the line of demarcation appeared very plainly just above the ankle joints and just about at the wrists of the hands. The operation was performed by the doctors present, on a kitchen table covered with oilcloth in a little family home in the village of Canby. If ever any germs had an opportunity on anyone they had it on me,—but I just grew fat on them. Nothing occurred except healing. Doctor Keen describes (page 16) the testing out of the ligatures to see whether they were ready to be pulled or not—that was the very method the physicians used to find out whether the ligatures were ready to be pulled in my stumps at that time. There were three doctors performing the operation, but in spite of having more than one operating on me I still succeeded in living.

Since that freezing, as I have said before, life has been worth living, and to me it has been a splendid joy-not only in courting the girls and marrying one of them and having a son and three daughters; we have lost the son, but the three daughters are still alive to grace the household. One of them is a sophomore in college, one is a junior in high school and the other is in the seventh grade. I am happy to say that when a man has his legs frozen off—and I believe it is also true when they are shot off—he does not pass on to the next generation the same condition; in fact, I am the only one in our family who has been compelled to buy artificial legs. The girls all take after their mother—they are good looking. We are a happy household. I do not believe that there is ever a thought that enters the mind of the mother or of the girls as to dad being subject to any misfortune or affliction. They think he is just about the happiest old dad they know of. And he is about the busiest one that I know of—he has to be with as many women folk around the house as he has.

About enjoying life—I think I have enjoyed every moment since the time the doctors got through with me, although there were a few days when I felt really stunned. I was a very active

young man, pugnacious, full of fight, and I found myself suddenly with most of the fight cut off—at least, that part which I used to fight with successfully was not in very good shape—so I transferred my thoughts from those things that were gone to what was left.

It occurred to me without any reconstruction campaign on the part of our state university or other place of learning, that there was just one thing for me to do if I did not have any legs or arms, and that was to polish up the machinery above the neck. So I became an omnivorous reader, and—while I may be hurting the feelings of some people somewhere—I must confess I was also a carnivorous eater. I ate heartily, read ravenously, and got as much learning as I possibly could without the aid of teachers. I went to school just as much as I possibly could under the circumstances. You must know that when I was frozen in Minnesota I had neither mother, brother nor sister to look after me or help me. I was the only child in the family. Mother died when I was ten, and father had all he could do to take care of himself, as he was just an ordinary carpenter.

I possessed, at the end of the season of 1880, five head of young cattle and a very intelligent pony with handwriting on his hips. The pony was the last to go. The five head of cattle were sold at once, since I intended to pay my way just as far as I could. The money received from the sale of the five head of cattle, with the little money I had saved up from the season's work, went into buying the necessary medicines. The good people of the town furnished the bandages from worn pillow-slips and sheets and wearing apparel that the ladies tore into strips and wound into rolls. The old lady who was the leader in that work still lives in Canby, and her name is Mrs. Dodge, but she did not "dodge" any work when it came to helping me out. She was there all the time and had a corps of assistants. Therefore, you will understand that I was not very wealthy and not in a position to buy any luxuries, and with that in view I tried to go just as far as

I could with the money I received from the sale of these few head of young stock; but the springtime found me compelled to sell the dearest thing I had on earth—the pony. I cried all night at the time I sold that pony, and I still think of him with tears in my eyes. He was so intelligent and I thought so much of him, but he had to go, and when he had gone the demand still came for more money. I had none—and there is just one thing that happens to a boy or anybody else when that day comes, and that is, the local community assumes the burden. In this case it was the county. The county of Yellow Medicine, Minnesota, had to step in and furnish the money necessary to have me reconstructed and rehabilitated.

The Board of County Commissioners at that time consisted of three men-we now have five. There were two old Norwegians on that board. One of them was an old sailor and the other was an old farmer. Neither one of them had very much book-learning, but both of them had hearts so big their tunics could hardly hold them. The other member and chairman of the board was a Yankee bred in the purple in Maine; he was, in Maine, before going West, at the head of a seminary, and was a man of splendid educational attainments. When the question came up, "What will we do with Mike," this gentleman of excellent intellectual attainments said that he had partially made arrangements with a farmer who had a good home and would take care of him for the rest of his life for two dollars per week. Mike was standing nearby on his knees, with pads made so that he could walk on the floor without hurting his knees—and it was all he could do to contain himself from jumping into the air and landing on top of that professor—but one of the old Norwegian members of the board, Mr. Ole J. Daley, who is still alive and hearty and with whom I had the pleasure of visiting this year, said, "Well, don't let us be in a hurry about this. Mike, what do you think about it?" Well, I smiled—used all the magnetism I possessed -looked into Ole's face and said, "Mr. Daley, if you will give

me one year at Carleton College it will never cost this county another cent as long as I live to keep me going." "Well, but," he said, "you can't back that up; that is just your sayso." "Well," I said, "I mean it."

The chairman of the board—I do not care to mention his name because he has some sons and daughters who are very good friends of mine and very fine people, and I think it was simply a slip of judgment at that particular time that caused him to take the position that he did—at any rate, the chairman thought it might be well to think it over until the next day. I got busy and that is the reason why I got into politics later on-and went to the county auditor, and said, "Henry, you get busy on those two Norwegian members of the board. You are a Norwegian yourself—now you stay by me." "All right," he said, "I'll take them home with me tonight and keep them, and I'll talk to them all night if you want me to." Well, he did good service, at any rate, no matter how he worked it. The next morning the vote stood two to send me to college for one year, and one to send me out on the farm at a cost of two dollars per week for the rest of my life. Well, I went to Carleton and spent the year there. I did not loaf any, I can assure you. I did not have any money to spend on midnight suppers or oyster stews. or anything of that nature, like many of the boys had.

E. J. Weiser, now president of the First National Bank of Fargo, North Dakota, was one of the boys who roomed in the same house I did. He had so much money that I explained to him that I happened to know of a place he could get rid of some of it. He took the hint, and I joined him occasionally at some oyster suppers and other things which I could not afford to buy. I got some second-hand clothes from somewhere—I do not know where they came from—while I was at Carleton, and I had an opportunity offered me to come east and attend a certain school here and become a theological student, but I could not do that, simply because I was asked to make a statement that I

would become a minister of the gospel if I would get this particular advantage in the east, and I said that I would be glad to get the education, but I could not accept anybody's money on false pretenses.

I taught school after getting out of Carleton, painted fences, ran a roller-skating rink, sold books by subscription, sold maps and, in fact, I did everything and anything that would bring in an honest dollar-and I was not ashamed to be seen doing the painting by the roadside and have the rest of the boys go by and say, "You are putting more paint on your clothes than you are on the fence." This painting job was naturally hard work, but it was lots of fun teaching. I enjoyed teaching very much. I taught for seven years—three years in the country, when I was promoted to a graded school, and the last three years I was superintendent of a high school, the first high school in Renville County, and that is the county in which I now live. I also started a paper, ran a weekly paper a number of years while teaching school, and did a number of other things. Besides running a paper and teaching school, among other things I did was to get into politics. I stirred up one of the large financial institutions of our state to such an extent that it became one of the greatest failures in the history of the northwest. I made charges against it through the columns of my small country paper, verified same by examining their books at their own request, and then published the verification. That got me into politics. I was made assistant to the chief clerk of the House of Representatives the first session, and the next time I was chief clerk of the House of Representatives, and liking the work so well and thinking that I ought to have the vote next time, I became a candidate for member of the House, and was elected by a comfortable majority. I was also elected Speaker of the House, it being the first time that a new member had occupied that position, and also against the wishes of the combinations that usually controlled. There happened to be in that House enough new members in the state

to make a comfortable majority, and all I did was to go to these men or write to them and say to them, "We have a majority and what is the use of letting the old fellows run the House?"

To marry is to take on trouble sometimes, but in my case I want to "fess up" that with the exception of some suffragette work that Mrs. Dowling does, we have gotten along very nicely. We have lived very happily, and she never thinks of the artificial legs any more than I do. In fact, I think—if I may be pardoned for getting away from this personal talk just a moment—the trouble with most crippled men is that they think about those things that are gone and cannot be brought back. They keep their minds on what is gone, instead of diverting their minds to what they have left and making an effort to develop what there is left.

I say I get a great deal of pleasure out of life—in one way, by driving an automobile. My family for years have toured the country in our own car and I have been the driver. I have driven to Yellowstone Park, over the famous Yellowstone Trail, and back along the Great Northern Railroad. We were gone seven weeks on that trip, and when we got back I weighed more than I did when we started—but had considerable less money. Two vears ago this last summer we drove to Duluth in our car. I believe in taking the girls and my wife every place I go if I can do it conveniently, especially when going for pleasure. We drove to Duluth and shipped the car to Buffalo via the Lakes, and then drove from Buffalo through New York State to Western Massachusetts, to my old home. I was born in the Berkshire Hills of poor but Irish parents. I drove this car through the Berkshire Hills down to Boston, then to Plymouth, and from Plymouth we went back to Boston, followed the ride of Paul Revere and visited the beaches along the coast to Portland, thence from Portland to Poland Springs and from Poland Springs-after filling up with that splendid water—we went over to Bartlett, New Hampshire, on the ideal tour route, and through the Green Mountains and White Mountains back by a different road to Buffalo. After visiting Niagara Falls, we re-shipped from Buffalo to Duluth and took in the Iron Mines and the new Steel City, reaching home after weeks of enjoyment, with the girls learning more than they had learned in the year that they had spent in school and coming back filled with energy. The youngest is ten and the oldest is nineteen years old, and I will put them up against any boy of their size for a scrap. They are perfect specimens of womanhood and able to hold their own in any position.

I believe if I say nothing else in this article than that education is made too easy in most cases for boys and girls, I will have said a great deal. The teacher takes on all the work and makes a nervous wreck of herself, rather than put obstacles in the way of boys and girls in order to develop that boy and girl. Most boys and girls go to school much earlier than they should. My girls did not go to school until they were eight years of age, and the oldest one became the valedictorian of her class in high school and finished a year ahead of those who had started much earlier than she had.

Now, for a suggestion in this work—if you do not watch out you are going to do so many things for the crippled soldier that when he gets back home he will not feel the need of exercising his own muscles or his own faculties. You must put him in a position where he has to do the work. I know it is good for a man in that condition, because I have gone through the mill. There was no one to help me in any way, shape or form; and while I have said that a man is worth \$100,000 a year—if he can make it honestly—above his neck, and, perhaps, may not be worth over \$1.50 per week below, I have not been able to earn that much money in a year, I must confess, but I am looking forward to reaching that point before I pass on; and in the meantime when anybody tells you that because a man loses a leg or two of them or an arm or both of them he is a cripple, just refer him to me and I will take care of him. The finest looking

men in the world may have more cause to regret things that they have done and they may not enjoy life as much as the man who is despised as a cripple, because he has lost a leg or an arm. There is no such thing as a cripple, if the mind is right.

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SELECTED CASE HISTORIES

1. Employment training. An illustration of rehabilitation by employment training is contributed by Percy Angove, Supervisor of Rehabilitation in Michigan. The history was taken from the record in chronological order.

November 30, 1923. APPLICATION filed showing E. T. to be 25 years old, married, disabled by industrial railroad accident and with a Schopart amputation. Education 4th grade and previous experience at labor, plumbing, machine shop, army and switching experience. Preference for future: telegraphy, plastic dentistry, or suitable suggestion from us.

December 4, 1923. Surveyed and reported as follows on initial call. "H— hospital referred the above case to me last week and I made a preliminary survey while the man was still at the hospital. He wanted advice on compensation claim and the social service asked me to give him an idea of what he might ask of the railroad. I did this and on calling on him at his home I find that the railroad company gave Mr. T. just what I had anticipated, namely, 125 weeks at \$14, purchase of an artificial foot and promise of a lump sum if that seemed advisable in the future. Not being able to switch any more, Mr. T. desires to enter some good vocation and make the most of his opportunity or rather make the most of this situation caused by his accident. Telegraphy doesn't seem to offer the salary or the future that would care for his family and I have favored taking up mechanical dentistry rather than telegraphy. He has also requested that I help him in finding a suitable home which he can buy on contract as he does not know real estate values and doesn't want to take the responsibility alone in buying a home with his compensation money."

December 12, 1923. Answer from Lansing Office. "I note with interest your report on E. T. It would seem that the railroad company has done very well by the case. I might add here that at our Buffalo conference, telegraphy was proclaimed highly, especially for handicapped people injured while in the employ of railroad companies. However, if it does not seem to be the thing for him in view of the fact that he has a family, perhaps mechanical dentistry would be better, although we must be very careful as to what type of person is put through this work. He should be a very neat, trim, clean-cut fellow in every way."

January 14, 1924. Survey; based on developments since December. "This man has a very good chance to open a cleaning and pressing shop in Buffalo, N. Y., this spring. We have concluded that two months is a long enough training period and that Mr. T.'s compensation will enable him to make use of the training and start his business. Recommendation—Enroll for training in the operation and management of cleaning, pressing and dyeing, mending and repair establishment, beginning January 14, 1924, and continuing 8 weeks. \$5.00 a week is to be paid the Smith Cleaners & Dyers, —— Grand River. Classify as Placed In Training. Contracts made from this end, in accordance with conversation with Mr. Angove."

January 18, 1924. Lansing Answer. "I am returning contracts signed by Smith Cleaners & Dyers. Do they thoroughly understand the method of reporting, and will you ask them to send in the statement for \$40.00 which we would prefer paying for in one lump sum since it is to cover such a short course?"

January 22, 1924. Report to Co-operating Agency, "Mrs. M—, Social Service, H—— Hospital. Dear Mrs. M——: A week ago Monday Mr. T. was placed in training for instruction in the management and operation of a dry-cleaning and pressing

establishment, and he intends, in the course of three months, to open an establishment of his own, in Buffalo. Mr. T. is in training in the Smith Cleaners & Dyers, —— Grand River. He resides at —— St."

February 26, 1924. Follow UP Report to Lansing Office. "I called on E. T., our trainee at Smith Cleaners & Dyers, and had Mr. Smith send in his final report and I am enclosing it in our mail. He tells me he has already sent you a statement and that he thinks so much of Mr. T.'s progress and ability that he has offered to take him in as a partner. Mr. T.'s wife, however, has already moved to Buffalo and he wants to go there and open up a shop of his own. I have not had a case in training lately that I am more pleased about than Mr. T."

February 28, 1924. Lansing Answer to Follow Up Report. "Another very splendid case is that of the above named person. I am glad you feel so enthused over it. I thought it a good proposition when you were telling me about it. Imagine their wanting to take him in as a partner. I am wondering if he is doing the wise thing by leaving for Buffalo. I am glad you feel so enthused over the progress he has made."

March 14, 1924. Means of Establishing Contact in Buffalo. "Director of Vocational Rehabilitation, Buffalo District Office, 451 Main St., Buffalo, N. Y. Dear Sir: This letter will serve to introduce E. T. who suffered a Schopart amputation last October. He was a brakeman on the Grand Trunk and his compensation has taken care of his maintenance, artificial leg, and will also serve to finance him in starting his own business in Buffalo. We placed him in a cleaning and pressing establishment where he has had training in the management and operation of a dry-cleaning and pressing establishment, with a view to starting in business for himself in Buffalo, where relatives live. I trust you will aid Mr. T. in an advisory way when he selects his place of business and equipment, and that you will kindly report back to me when he is really running his

own shop and making good. I am enclosing a copy of our application blank for your records."

March 17, 1924. Answer from Buffalo. "During the absence of Mr. J—— from the Buffalo office, I met Mr. T. and talked over his case quite fully with him. Let me assure you that we will be only too glad to assist this man in any way possible, and as soon as he is definitely located and properly established, will be glad to report to you. Do not hesitate in the future to call upon us in any way you think we can be of assistance to you."

August 18, 1924. Notified by E. T. that he and his brother had established a small pressing shop near — Hotel where they obtained trade from two hotels and that he averaged \$150 a month. Records closed October 6th with placement report recording above facts.

2. One-armed man using prosthesis. W. F. Faulkes, supervisor of rehabilitation in Wisconsin, submits the following as an example of rehabilitation of a one-armed man with mechanical bent:

During 1923 our attention was directed to the physical condition of a man with one hand, who was employed in one of the large cities as a laborer for one of Wisconsin's largest building contractors.

When our representative arrived, the man was found wheeling brick from the hoist to the bricklayers' scaffolds. This task was being accomplished with the aid of a rope sling fastened on top of the shoulder and running under the arm on the opposite side, fastened at the wrist with a loop.

This extremely crude but useful contrivance proved that Mr. C. had some ingenuity, and the fact that he was using it and had tackled a job of wheeling brick showed ample determination. Ingenuity and determination are two fundamentals in the use of an artificial appliance.

After a conference with his superintendent, I recommended

the purchase of an artificial arm as a rehabilitation process. When the building was finished, the management hired Mr. C. as a janitor, and he held this position for several months. The work finally became so heavy that Mr. C. quit, and took a job at a local shoe factory, where he again made good use of his artificial appliance.

The shoe factory did not come up to his expectations on wages, and he left after a few months' work, to take a job with a car rental service. While with this company, he did nearly all of the repair work.

After about a year at this job, he was offered a storeroom position at a local hotel, and left the car rental service to take this job. Something happened, and C was not employed.

The local director took up his employment problem, with the result that he is now night engineer at one of the large local factories.

3. Illustration of co-operation. Marlow B. Perrin, supervisor of rehabilitation in Ohio, contributed an instance of rehabilitation in which co-operation was a great factor.

Eight years ago C. R. was happy to think that he had employment during the summer months which would provide him with enough funds to enable him to enter an institution of high learning. He had just been graduated from high school with honors. Farm work offered this young man an opportunity to start a savings account to be used to defray expenses in school. While performing his new duties, C. R. injured his knee-cap. As a result of this injury, osteomyelitis developed and it became necessary to amputate his right leg at the hip joint.

While making the rounds in her district, a county nurse became interested in C. R. She informed him of the work which was being done by the Rehabilitation Service of Ohio and agreed to report his case. After his case had been reported by the county nurse, it was referred back to a welfare organization with a request that an investigation be made of the social status.

Through the report furnished to the department, it was learned that the client was one of ten children whose parents were indigent. The welfare organization recommended that he be granted the services of vocational education.

A rehabilitation worker from the State Department then interviewed C. R. Since he had a good educational background and pleasing personality, training in commercial subjects was suggested to him.

As funds were not available to pay his maintenance during his course of instruction, arrangements were made to give C. R. instruction in stenography and bookkeeping in a business college close to his home. His Sunday School class paid the carfare to and from the city each day.

During the time he was in school attendance, he arose at five o'clock in the morning and walked over the hill on his crutches to the car line. He would return home about six in the evening and devote his time to study.

He completed his stenographic and bookkeeping course and again received class distinctions. Employment was secured for him with the official stenographers in the Court House where he acted in the capacity of stenographer. He had only been in his new position ten or twelve weeks when he began actual work as a court stenographer.

After demonstrating his ability to do this work, he ceased to take dictation to any considerable extent but for the past year has been confining himself entirely to the reporting field.

His work arrived at a point where he takes reports, including depositions, Common Pleas work, conferences, hearings at the State House, convention work and meetings of various kinds.

Any one who is at all familiar with the requirements of court work will realize that it usually takes from one to five years' experience in a law office in order to be properly prepared to do court reporting work. Considering C. R.'s age, education, experi-

ence, physical handicap and other factors, the record he has made in this particular field is without parallel.

4. Wheel-chair case. The following instance of rehabilitation of a wheel-chair case, involving co-operation with the compensation work, setting up in business, and tutorial training is given by S. S. Riddle, Chief of the Bureau of Rehabilitation, Pennsylvania:

W. C. registered with the Bureau of Rehabilitation November 29, 1920, when twenty-seven years of age. He was born in Russian Poland, came to Pennsylvania in June, 1912, and was injured by a fall of rock while employed in an anthracite mine in Pennsylvania July 30, 1917. His principal injury was fractured spinal vertebrae which necessitated his remaining in the hospital for nine months and upon his discharge, he was a wheel chair case. He was married and had two children. For eight or nine years he had attended elementary schools in Poland.

His compensation award for permanent total disability amounted in full to \$4000.00, payable at the rate of \$10.00 per week. Following his discharge from the hospital, he attempted shoe repairing but the physical exertion was too great and upon the advice of physicians, he abandoned that occupation. Fortunately, his wife's mother had a home and small means and in her home, where this man resided with his family, established a small grocery store by expenditure of \$600.00 of her savings. The store was in a small way a success and the disabled man applied to the Workmen's Compensation Board of Pennsylvania for lump sum settlement of his workmen's compensation in order to purchase the store and increase the stock. The case at that point first came to the attention of the Bureau of Rehabilitation in November, 1920.

The disabled man had at that time received approximately \$1700.00 of his workmen's compensation, with approximately \$2300.00 still to be paid him. The Bureau of Rehabilitation

investigated the proposition thoroughly and recommended to the Compensation Board that commutation to be granted in adequate amount to purchase the store and provide some working capital. The Compensation Board consequently approved a lump sum payment of \$1221.00 from the award of which \$800.000 was paid to the mother-in-law for her interest in the store and the balance was placed in bank as working capital. After this lump sum payment, the disabled man received diminished workmen's compensation payments in amount of \$4.10 per week to continue until April, 1925.

Although the store proposition was apparently a success, there were no accurate or even approximate records of profits or general cost data.

The rehabilitation adjuster working on the case, aided in the launching of the new enterprise and decided that instruction in storekeeping should be provided this disabled man. His problem was to find a tutor who could give instruction in such enterprise and at the same time be able to speak and understand Polish to convey fully the import of his instructions. Finally that problem was solved and a tutor was employed by the Bureau of Rehabilitation to spend two evenings a week with the disabled man during periods of from one to one and a half hours each evening. That instruction continued for nine weeks with supervision by the rehabilitation adjuster. The instruction, of course, comprised general principles in operating a small grocery store including buying, discriminating for rapid turnover, display, avoidance of dangerous credit accounts and, of course, instruction in record keeping by simple bookkeeping methods. tutorial instruction in connection with the operation of the store terminated May 2, 1921, at which time the record showed the gross sales to average approximately \$300.00 a week with an indication of a steadily growing business. A small line of dry goods was also installed for which a ready sale was found.

The rehabilitation adjuster reported May 5, 1922, one year

later, that the store business had prospered, the registrant on that day had approximately \$1800.00 in bank with book accounts to the extent of approximately \$1500.00, owed almost exclusively by substantial owners of property. In February, 1923, the adjuster reported that this disabled man had purchased a lot for \$600.00 and erected thereon a combined store and dwelling equipped with steam heat and all conveniences at a cost of approximately \$4200.00. A mortgage against the property was at that time being reduced monthly. The store is doing a good business in groceries, meats, confectionery and dry goods. In addition to cash business, thirty-three charge accounts were then carried but those accounts were paid in full every two weeks as the disabled proprietor is adhering strictly to his rule that credit shall not extend beyond two weeks. The disabled man waits upon customers from his wheel chair and is assisted in the store by his wife.

5. Rehabilitation through curative workshop. An instance in which the curative workshop was the chief factor in re-establishment is described as follows by Frederic G. Elton, director of the New York Rehabilitation Service in New York City:

This client had been a helper on a milk wagon, earning \$30.00 a week and was disabled by a fracture below the elbow upon which the medical report read as follows: "Perfect union and alignment, but defective rotation at the shoulder and a defective flexion of the elbow, with the grasping power of the hand not impaired."

Unable to determine the extent of work that this man might do in his injured condition, he was sent to the Workshop in July and placed on very simple work which would give him constantly more and more exercise for the injured arm. In August, the Workshop report read as follows: "Can now carry box of fairly heavy material holding on to it with both hands and resting it against his body."

In September, the report from the Workshop showed that the

man could then raise his arm level with his shoulders and could flex the wrist in all directions fairly well.

In December the man was returned to employment as a shipping clerk.

This indicates how the Shop, through the interest aroused by actual participation in a regular job, assists in the physical restoration of an injured member.

FACTORY OCCUPATIONS FOR THE BLIND

1. List of factory work successfully performed by Cleveland Blind, 1913-1924.

Assembling:

Arranging carbon brushes on trays

Ball-bearing cups for Ford cars

Chimneys for oil stoves

Compensator switches

Control levers

Controller slates

Doorbell transformers

Drive flanges and shafts

Generators

Grease cups

Ground wire clamps

Hot air boxes

Junction boxes

Kelly handle bars

Locks

Pitman rods

Plug, nut and bolt in oiler

Radiator parts

Steering gear

Tension studs and shuttles for sewing machines

Tools

Trolleys for electric cranes

¹ "The Blind in Cleveland," The Cleveland Society for the Blind, 1924.

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Vacuum cleaner parts

Vacuum gas tanks

Vibrator spark coils

Wick raisers for oil stoves

Wire rope clamps

Bench work:

Cleaning castings

Cleaning fire brick

Clamping wicks in metal rings

Counting by weight

Creasing boxes

Cutting and skinning cables

Cigar rolling

Closing box ends in macaroni factory

Etching electric light bulbs

Filling boxes and bottles

Foiling mints

Folding gauze

Inspecting separators in storage battery cells

Labeling boxes and bottles

Making hand-woven hats

Nutting bolts by hand and machine

Operating:

Broaching machine

Centering and counter sinking machine

Drill press

Grinding machine

Lathe for facing brake hubs

Milling machine, power and hand

Nut facing machine

Polishing machine

Porter-Cable lathe

Punch press

Shaving bolts

Single-spindle and multiple-spindle drill presses

Spot welding machine

Stamping machine

Tapping machine

Warner & Swasey hand screw machine

Warner & Swasey turret lathe

Packing:

Electric light bulbs

Heel plates

Radio outfits

Tools

Packing and sorting metal stampings

Paint mixing

Setting up cartons

Splitting mica for condensers

Stacking:

Laminations

Commutators

Straightening wire brushes

Taping:

Field coils

High-speed magneto coils

Open armature coils

Shunt coils

Stator coils

Wrapping and packing:

Butter

Candy

- 2. Processes in factory work in Minnesota found feasible for the blind in survey made by Minnesota Division of Re-education.
 - I. Small Machine Parts Shops

Putting contact screws in cam

Putting attachments on a one-day clock

(Alarm Winder,

alarm stop, key holder, key)

Shaping of brass rivets

Shaping discs

(Done mostly by power punch machine)

Punching holes in strips of thermo metal

(Machine run by foot power)

Pressing collars onto shafts

(Using Arbor Press—hand machine)

Riveting stubs into discs for contact springs

Reaming holes in motor parts, using power drill

Assembling small parts of thermostat

(i.e., cranks, contacts for spring motors, cams, electric motor fronts, bases for spring motors, binding posts, winding cables, fastening insulating links on fibre; this was done by a blind man for 15 months)

Assembling small parts of electric motors
Assembling small die stamp parts in spring motors
Measuring and winding covered wire cables
Fastening insulating links on metal chains
Testing stamped and drilled parts with gauge
Putting set screws in binder post
Assembling pitman on crank
Unloading trucks
Filling bins with standard parts

Unpacking crated articles
Paper box factories

Bending boxes

II.

Taking off creased sheets at back end of creasing and slitting machine

Piling up sheets on truck, making uniform stack of them

Setting together racks of nests used for separating glass bottles when shipped in corrugated paper boxes

Bundling boxes

(Consisted of counting a stack up to fifteen and then tying them together with a cord so as to be easily loaded in cars)

III. Knitting Works

Taping of garments—hand operation

Forming garments

Hand taping buttons

Machine taping buttons

In shipping department

Setting up and nailing wooden packing cases

Packing order in wooden cases, filling vacant spaces with waste paper

Close cover and nail at each end

Picking up wires which wrap around boxes, twisting them with twisting tool until they break off, thus securely fastening the boxes

Packing pasteboard cases. Packing similar to that of wooden cases but sealing done with tape, also iron band drawn around carton and cut with iron shears. Seal placed on band

IV. Automobile body building and repair shops

Putting nuts and gaskets on gas line

Assembling top rests

Cementing boxes

Putting screw tops on cans or capping

Packing cans in cartons

Putting separators into battery groups (Separators made either of rubber or wood)

V. Novelty Advertising Companies

Pasting backing on picture frames

Cleaning glass in framing department

Sanding picture moulding by hand Setting up pasteboard cartons in shipping dept.

VI. Electric Light Globe Factory
Etching bulbs

VII. Wooden box factories

Assembling knocked down crates and boxes
Stringing folding wooden boxes such as grocers' delivery boxes (Process consists of stringing drilled
slats on a wire frame)

VIII. Paper and cloth bag manufacturers

Turning bags by hand

Bag turning (large cloth bags)

Piling and counting bags

IX. Manufacturers of Clocks and Chimes

Assembling terminal blocks

Re-tapping cores

Affixing 2 magnetic coils by 2 bolts to the casting

Affixing 2 small terminal blocks by 2 screws each to casting

Smoothing edge of soft iron pieces used for armature for chime hammer

Smoothing edges of fibre strip

X. Manufacturers of Candies

Stacking of peanut bars on trays, three high

Feeding machine

(This machine separates molded candy from starch)

Wrapping and packing candy in boxes

Packing fudge in boxes

Feeding dipping machine (enrouber)

(Operation consists of placing molded candy on traveling canvas belt)

Taking candy from cooling machine and packing either on trays or in boxes

XI. Coffee Companies

Packing coffee in boxes, using automatic weighing machine

Packing cartons with paper packages, cardboard packages and pails (Each carton contains a given number of the same package)

Folding ends of wrappers for packages of coffee and sealing with tape

Making cartons

Packing wooden boxes with pails of coffee

Sealing cartons

Operating sealing machine (sealing cans)

Making wooden boxes

XII. Cigar Manufacturers

Stripping

(Consists of pulling main stem from leaf of tobacco)

XIII. Wholesale hardware companies

Drilling metal castings with power drill

(Drilled with jig)

Drilling without jig, or enlarging holes

Assembling ranges

Drilling and tapping door castings

Riveting stove range top

Wrapping and sealing packages of burrs

XIV. Bed Manufacturing

Making webs for bed springs

Sanding bed ends

XV. Flour Mills

Folding and typing paper packages of flour Sewing jute sacks of feed by hand

XVI. Linen Supply Company

Punching holes in towels for grommets

Inserting grommets in towels—foot machine

(Grommets are metal rings for sliding on rods)
Shaking towels preparatory to mangling

XVII. Food Manufacturing Companies

Packing samples of creamettes

Nesting

Taping cartons

Making barrels

Packing tin cans in cardboard containers

Loading weighing machine

Folding paper

TYPICAL LEGISLATION RELATING TO REHABILITATION

1. The New York Rehabilitation Act.

The essential features of the New York Rehabilitation Act (Chapter 760, effective May 13, 1920) are as follows:

- § 1200. Short title. This article shall be known and may be cited as "The Rehabilitation Law."
 - § 1201. Definitions. As used in this article the terms:
- 1. "Physically handicapped person" shall mean any person who, by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury or disease, is or may be expected to be totally or partially incapacitated for remunerative occupation.
- 2. "Rehabilitation" shall mean the rendering of a person physically handicapped fit to engage in a remunerative occupation.
- 3. "Residing in the state of New York" shall mean any citizen of the United States or any person who has declared his intention of becoming a citizen who is and has been domiciled within the state for one year or more.
- 4. "Commission" shall mean the advisory commission for the rehabilitation of physically handicapped persons.
 - § 1202. Limitation of article.—This article shall not apply to:
- 1. Aged or helpless persons requiring permanent custodial care, or blind persons under the care of the state commission for the blind; or
- 2. Any person in any state institution or confined in any correctional or penal institution; or

- 3. Epileptic or feeble-minded persons or to any person who, in the judgment of the commissioner of education, may not be susceptible of rehabilitation; or
 - 4. Persons of the age of fourteen years and under.
- § 1203. State advisory commission for the rehabilitation of handicapped persons. There is hereby created an advisory commission for the rehabilitation of physically handicapped persons, to be composed of the commissioner of education, who shall be chairman, of a member of the state industrial commission to be designated annually by the governor, and of the commissioner of health. Any member of the commission may designate an officer in his department to represent him on the commission and the acts of such officer shall be deemed to be the acts of the person who designated him. The commissioner of education shall designate the officer of the department of education charged with the administration of this act to act as secretary to the commission.
- § 1204. Power of commission. The commission shall have power:
- 1. To prepare a plan for co-operation between the industrial commission and the department of education which shall be submitted to the industrial commission and to the board of regents of the university.
- 2. To arrange any differences that may arise between departments charged with any duties under this act.
- 3. To arrange for such therapeutic treatment as may be necessary for the rehabilitation of any physically handicapped persons who have registered with the department of education, except persons who are entitled to such treatment under the workmen's compensation law.
- 4. To provide maintenance cost during actual training for physically handicapped persons registered for rehabilitation, except persons entitled to maintenance under the workmen's compensation law; provided, that when the payment of maintenance costs is authorized by the commission, it shall not exceed

ten dollars per week, and the period during which it is paid shall not exceed twenty weeks, unless an extension of time is granted by unanimous vote of the commission.

- 5. To arrange for co-operation between the bureau of employment of the department of labor and the department of education in securing employment for handicapped persons to the end that duplication be avoided.
- 6. To make all necessary rules and regulations for the purpose of carrying out this article which affect more than one department.
- § 1205. Duty of the industrial commission. The industrial commission shall:
- 1. Report to the department of education all reports made to it of cases of injuries received by employees which may result in rendering the person, in the judgment of the industrial commission, in need of rehabilitation.
- 2. Co-operate with the department of education in carrying out this article.
- § 1206. Duty of department of health. The department of health shall:
- 1. Arrange with all public, private hospitals, clinics and dispensaries and with practising physicians to send to the department of education prompt and complete reports of any persons under treatment in such hospitals, clinics, or dispensaries, or by such physicians, for any injury or disease that may render them physically handicapped.
- 2. Arrange with health officers to send to the department of education prompt and complete reports of any persons who in the course of their official duties they find to be suffering from any injury or disease that may render them physically handicapped, if such persons have not already been reported.
- 3. Make physical examinations of any persons applying for or reported as needing rehabilitation, except persons reported by the industrial commission.

- § 1207. Application for rehabilitation. Any physically handicapped person residing within the state may apply to the department of education for advice and assistance regarding his rehabilitation.
- § 1208. Duty of the department of education.—It shall be the duty of the department of education:
- 1. To provide that all persons reported to it or making application to it as physically handicapped shall be promptly visited by its representative who shall report upon their condition to the department, which shall then determine whether the person is susceptible of rehabilitation. Any person found susceptible shall be acquainted with the rehabilitation facilities offered by the state and the benefits of entering upon remunerative work at an early date. Any person who chooses to take advantage of the rehabilitation facilities shall be registered with the department and a record kept of every such person and the measures taken for his rehabilitation. The education department shall proffer to any such person counsel regarding the selection of a suitable vocation and an appropriate course of training, and shall initiate definite plans for beginning rehabilitation as soon as the physical condition of the person permits.
- 2. To arrange for special training courses in the public schools in the state, in selected occupations for physically handicapped persons.
- 3. To arrange with any private or commercial educational institution for training courses in selected occupations for physically handicapped persons.
- 4. To arrange with any public or private establishment or any employer for training courses in selected occupations of physically handicapped persons.
- 5. To arrange for social service for the visiting of physically handicapped persons and of their families in their homes during the period of treatment and training and after its completion, to give advice regarding any matter that may affect rehabilitation.

- 6. To aid physically handicapped persons in securing such employment as will facilitate their training or will be suitable to their condition.
- 7. To procure and furnish at cost to physically handicapped persons artificial limbs and other orthopedic and prosthetic appliances, to be paid for in installments, when such appliances cannot be otherwise provided. The proceeds of the sale thereof shall be paid to the treasurer of the state and shall be held by him in a special fund for the purposes of this subdivision. Payments from this fund shall be made at the direction of the commissioner of education.
- 8. To make surveys with the co-operation of the industrial commission and the department of health, to ascertain the number and conditions of physically handicapped persons within the state.
- 9. To make such studies as may be helpful for the operation of this act.
- 10. To co-operate with any department of the government of the state of New York or with any county or other municipal authorities within the state, or with any private agency, in the operation of this act.
- § 1209. Gifts and donations.—The department is authorized to receive gifts and donations for the purpose of this article, which may be offered unconditionally. All money received as gifts or donations shall be paid to the state treasurer and shall constitute a special fund to be used under the direction of the department for the purpose of this act. A full report of all such gifts and donations, together with the names of the donors, the amounts contributed by each and all disbursements therefrom shall be submitted annually to the legislature as part of the report of the department.
- § 1210. Acceptance of law of the United States.—The state of New York, through its legislative authority:
 - 1. Accepts the provisions of any law of the United States

making appropriation to be apportioned among the states for vocational rehabilitation of disabled persons;

- 2. Empowers and directs the board of regents of the university, hereby designated the New York state board for vocational education, to co-operate with such agency as the federal government shall designate to carry out the purposes of such law;
- 3. Appoints the state treasurer as custodian of all money given to the state by the United States under the authority of such law, and such money shall be paid out in the manner provided by such act for the purposes therein specified;
- 4. Authorizes the board of regents of the university as the state board for vocational education and the industrial commission to formulate a plan of co-operation in accordance with this act, which shall be effective when approved by the governor of the state.

2. The Minnesota Rehabilitation Act.

The Minnesota Act (Chapter 385, G. L. 1919, effective April, 1919) is one of the shortest. The text is:

Be it enacted by the Legislature of the State of Minnesota: Section 1. There is hereby established under the direction and control of the state board for vocational education, a division for the training and instruction of persons whose capacity to earn a living has in any way been destroyed or impaired through industrial accident or otherwise; provided that at the time when the accident or disability was incurred they were residents or citizens of the State of Minnesota. The said board shall in its regular reports to the legislature describe in detail the work of the division and may from time to time issue bulletins containing information relative thereto.

Sec. 2. The employees of the said division shall be appointed and their salaries determined by the said board. The division shall be furnished with suitable quarters in the State Capitol and the board may expend for salaries and other necessary expenses of such division such amounts as shall be appropriated by the legislature.

- Sec. 3. The state board for vocational education and the department of labor and industries or any agency which may succeed it in the administration or supervision of the workmen's Compensation Act, shall formulate a plan of co-operation with reference to the work of said division. Such plan shall be effective only when approved by the governor of the state.
- Sec. 4. The said division shall aid persons who are incapacitated as described in section one in obtaining such education, training and employment as will tend to restore their capacity to earn a livelihood. The division may co-operate with the United States government, and as a part of such co-operation may extend the benefits of this act to any civil employee of the United States disabled while in the performance of his duty, without regard to the residence or citizenship of such employee, if in the judgment of the board the benefits offered by the Federal government are sufficient to compensate for the cost. The division may of its own accord, establish or maintain, or in co-operation with local boards of education, assist in establishing or maintaining, such courses as it may deem expedient, and otherwise may act in such manner as it may deem necessary to accomplish the purposes of this act.
- 3. Maintenance provisions in workmen's compensation acts.
 The provision in the New York act as amended April 11,
 1925, is:
- 9. Expenses for rehabilitating injured employees. An employee, who as a result of injury is or may be expected to be totally or partially incapacitated for a remunerative occupation and who, under the direction of the state board of vocational education is being rendered fit, to engage in a remunerative occupation, shall receive additional compensation necessary for his rehabilitation; not more than ten dollars per week of which

shall be expended for maintenance. The expense shall be paid out of a special fund created in the following manner: The insurance carrier shall pay to the state treasurer for every case of injury causing death, in which there are no persons entitled to compensation, the sum of five hundred dollars. The state treasurer shall be the custodian of this special fund and the industrial commissioner shall direct the distribution thereof.

The Wisconsin provision is as follows:

Section 102.10. An employee who is entitled to and is receiving rehabilitation instruction pursuant to section 41.215 shall, in addition to his other indemnity, be paid a sum sufficient to maintain him during rehabilitation, subject to the following conditions and limitations:

- a. He must undertake the course of instruction within sixty days from the date when he has sufficiently recovered from his injury to permit of his so doing, or as soon thereafter as the state board of vocational education shall provide opportunity for his rehabilitation.
- b. He must continue in rehabilitation training with such reasonable regularity as his health and situation will permit.
- c. He may not have maintenance in excess of ten dollars per week during training, nor for a maintenance period in excess of twenty weeks in all.
- d. The commission shall determine the rights and liabilities of the parties under this section in like manner and with like effect as it does other issues under compensation.

The Minnesota provision is:

(In sub-section C of Section 4274, G. S. 1923.)

43. In addition to the compensation provided in the foregoing schedule for loss or loss of the use of a member, the compensation during the period of retraining for a new occupation as certified by the division of re-education operating under Chapter 365, Laws of Minnesota, 1919 (Sections 2983 to 2988, G. S. 1923) shall be sixty-six and two-thirds per centum of the daily wage

at the time of the injury, not exceeding twenty-five (25) weeks, provided the injury is such as to entitle the workman to compensation for at least seventy-five (75) weeks in the schedule of indemnities for permanent impairments, and provided the Industrial Commission on application thereto shall find that such retraining is necessary and make an order for such compensation.

4. Federal Rehabilitation Law.

The civilian vocational rehabilitation law of the United States in effect at the present time is: (Public No. 236, 66th Congress [H. R. 4438] as amended by Public No. 200, 68th Congress [H. R. 5478].

An Act to provide for the promotion of vocational rehabilitation of persons disabled in industry or otherwise and their return to civil employment.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That effective on and after July 1, 1924, sections 1, 3, and 6 of the Act entitled "An Act to provide for the promotion of vocational rehabilitation of persons disabled in industry or otherwise and their return to civil employment," approved June 2, 1920, are hereby amended to read as follows:

Section 1. That in order to provide for the promotion of vocational rehabilitation of persons disabled in industry or in any legitimate occupation and their return to civil employment there is hereby authorized to be appropriated for the use of the States, subject to the provisions of this Act, for the purpose of co-operating with them in the maintenance of vocational rehabilitation of such disabled persons, and in returning vocationally rehabilitated persons to civil employment for each of the fiscal years ending June 30, 1925, June 30, 1926, and June 30, 1927, and thereafter for a period of three years, the sum of \$1,000,000. Said sums shall be allotted to the States in the proportion which their population bears to the total population in the United

States, not including Territories, outlying possessions, and the District of Columbia, according to the last preceding United States census: Provided, That the allotment of funds to any State shall not be less than a minimum of \$5,000 for any fiscal year. And there is hereby authorized to be appropriated for the fiscal years ending June 30, 1925, 1926, and 1927 the sum of \$34,000, or so much thereof as may be needed, which shall be used for the purpose of providing the minimum allotment to the States provided for in this section.

All moneys expended under the provisions of this Act from appropriations authorized by section 1 shall be upon the condition (1) that for each dollar of Federal money expended there shall be expended in the State under the supervision and control of the State board at least an equal amount for the same purpose: Provided, That no portion of the appropriations authorized by this Act shall be used by any institution for handicapped persons except for the special training of such individuals entitled to the benefits of this Act as shall be determined by the Federal board; (2) that the state board shall annually submit to the Federal board for approval plans showing (a) the kinds of vocational rehabilitation and schemes of placement for which it is proposed the appropriation shall be used; (b) the plan of administration and supervision; (c) courses of study; (d) methods of instruction; (c) qualifications for teachers, supervisors, directors, and other necessary administrative officers or employees; (f) plans for the training of teachers, supervisors and directors; (3) that the State board shall make an annual report to the Federal board on or before September 1 of each year on the work done in the State and on the receipts and expenditures of money under the provisions of this Act; (4) that no portion of any moneys authorized to be appropriated by this Act for the benefit of the States shall be applied, directly or indirectly, to the purchase, preservation, erection, or repair of any building or buildings or equipment, or for the purchase or rental of any

- lands; (5) that all courses for vocational rehabilitation given under the supervision and control of the State board and all courses for vocational rehabilitation maintained shall be available, under such rules and regulations as the Federal board shall prescribe, to any civil employee of the United States disabled while in the performance of his duty.
- Sec. 2. That for the purpose of this Act the term "persons disabled" shall be construed to mean any person who, by reason of a physical defect or infirmity whether congenital or acquired by accident, injury, or disease, is, or may be expected to be, totally or partially incapacitated for remunerative occupation; the term "rehabilitation" shall be construed to mean the rendering of a person disabled fit to engage in a remunerative occupation.
- That in order to secure the benefits of the appropriations authorised by section 1, any State shall, through the legislative authority thereof, (1) accept the provisions of this Act; (2) empower and direct the board designated or created as the State board for vocational education to co-operate in the administration of the provisions of the Vocational Education Act, approved February 23, 1917, to co-operate as herein provided with the Federal Board for Vocational Education in the administration of the provisions of this Act; (3) in those States where a State workmen's compensation board, or other State board, department, or agency exists, charged with the administration of the State workmen's compensation or liability laws, the legislature shall provide that a plan of co-operation be formulated between such State board, department, or agency, and the State board charged with the administration of this Act, such plan to be effective when approved by the governor of the State; (4) provide for the supervision and support of the courses of vocational rehabilitation to be provided by the State board in carrying out the provisions of this Act; (5) appoint as custodian for said appropriations its State treasurer, who shall receive and

provide for the proper custody and disbursement of all money paid to the State from said appropriations: Provided, That any State which, prior to June 30, 1924, has accepted and otherwise complied with the provisions of the Act of June 2, 1920, shall be deemed to have accepted and complied with the provisions of this amendment to said Act.

Sec. 4. That the Federal Board for Vocational Education shall have power to co-operate with the State boards in carrying out the purposes and provisions of this act, and is hereby authorized to make and establish such rules and regulations as may be necessary or appropriate to carry into effect the provisions of this Act; to provide for the vocational rehabilitation of disabled persons and their return to civil employment and to co-operate, for the purposes of carrying out the provisions of this act, with such public and private agencies as it may deem advisable. It shall be the duty of said board (1) to examine plans submitted by the State boards and approve the same if believed to be feasible and found to be in conformity with the provisions and purposes of this Act; (2) to ascertain annually whether the several States are using or are prepared to use the money received by them in accordance with the provisions of this Act; (3) to certify on or before the 1st day of January of each year to the Secretary of the Treasury each State which has accepted the provisions of this act and complied therewith, together with the amount which each State is entitled to receive under the provisions of this Act; (4) to deduct from the next succeeding allotment to any State whenever any portion of the fund annually alloted has not been expended for the purpose provided for in this act a sum equal to such unexpended portion; (5) to withhold the allotment of moneys to any State whenever it shall be determined that moneys allotted are not being expended for the purposes and conditions of this Act; (6) to require the replacement by withholding subsequent allotments of any portion of the moneys received by the custodian of any State under this Act that by any action or contingency is diminished or lost: *Provided*, That if any allotment is withheld from any State, the State board of such State may appeal to the Congress of the United States, and if the Congress shall not, within one year from the time of said appeal, direct such sum to be paid, it shall be covered into the Treasury.

Sec. 5. That the Secretary of the Treasury, upon the certification of the Federal board as provided in this Act, shall pay quarterly to the custodian of each State appointed as herein provided the moneys to which it is entitled under the provisions of this Act. The money so received by the custodian for any State shall be paid out on the requisition of the State board as reimbursement for services already rendered or expenditures already incurred and approved by said State board. The Federal Board for Vocational Education shall make an annual report to the Congress on or before December 1 on the administration of this Act and shall include in such report the reports made by the State boards on the administration of this Act by each State and the expenditure of the money alloted to each State.

Sec. 6. That there is hereby authorized to be appropriated to the Federal Board for Vocational Education the sum of \$75,000 annually for a period of three years, commencing July 1, 1924, for the purpose of making studies, investigations, and reports regarding the vocational rehabilitation of disabled persons and their placements in suitable or gainful occupations, and for the administrative expenses of said board incident to performing the duties imposed by this Act, including salaries of such assistants, experts, clerks, and other employees, in the District of Columbia or elsewhere as the board may deem necessary, actual traveling and other necessary expenses incurred by the members of the board and by its employees, under its orders, including attendance at meetings of educational associations and other organizations, rent and equipment of offices in the District of Columbia and elsewhere, purchase of books of reference, law

books, and periodicals, stationery, typewriters and exchange thereof, miscellaneous supplies, postage on foreign mail, printing and binding to be done at the Government Printing Office, and all other necessary expenses.

"A full report of all expenses under this section, including names of all employees and salaries paid them, traveling expenses and other expenses incurred by each and every employee and by members of the board, shall be submitted annually to Congress by the board."

Sec. 7. That the Federal Board for Vocational Education is hereby authorized and empowered to receive such gifts and donations from either public or private sources as may be offered unconditionally. All moneys received as gifts or donations shall be paid into the Treasury of the United States, and shall constitute a permanent fund, to be called the "Special fund for vocational rehabilitation of disabled persons," to be used under the direction of the said board to defray the expenses of providing and maintaining courses of vocational rehabilitation in special cases, including the payment of necessary expenses of persons undergoing training. A full report of all gifts and donations offered and accepted, together with the names of the donors and the respective amounts contributed by each, and all disbursements therefrom shall be submitted annually to Congress by said board: Provided, That no discrimination shall be made or permitted for or against any person or persons who are entitled to the benefits of this Act because of membership or nonmembership in any industrial, fraternal, or private organization of any kind under a penalty of \$200 for every violation thereof.

5. Ohio Law for Care of Crippled Children.

Section 1352—4. The actual traveling expenses of any dependent, neglected crippled or delinquent child and of the agents

and visitors of said board shall be paid from funds appropriated to said board, but the amount of board, if any, paid for the care of such child and the expense for providing suitable clothing and personal necessities, mental, medical, surgical, dental and optical examination and treatment including massaging and other beneficial treatment and braces, artificial limbs and accessories and their upkeep and for the education when necessary of a crippled child, shall be charged by the board of state charities to the county from which such child is committed or transferred as provided in sections 1352—3, 1352—5 and 1352—8. The treasurer of each county, upon the warrant of the county auditor, shall pay to the treasurer of state the amount so charged upon the presentation of a statement thereof. The sum so received by the treasurer of state shall be credited to the fund appropriated for the purpose of maintaining the child placing work of the board.

Section 1352—8. In order to provide suitable medical and surgical treatment and education when necessary, of crippled children whose parents or guardians fail or are financially unable to provide such treatment, the board of state charities is authorized and empowered to receive into its custody such children. Application for such care, treatment, and education shall first be made to the juvenile court by a parent, guardian or some interested person. If such court is of the opinion that such a child is in need of treatment and education, and finds that the parent or guardian fails to provide it, it may make an order to that end; or if the parent or guardian is financially unable to pay all or a part of the expense of such treatment, the court shall make a proper finding and decree. In either case the court shall at once forward a copy of the decree and a statement of facts to the board of state charities, and such board shall, when able to do so under this act, accept such child for care as hereinbefore provided. Upon receipt of notice from such board that such child can be given suitable treatment the court shall then commit such child to such board and provide for its conveyance in charge of a suitable person to the place designated by such board for treatment. The expenses of conveyance shall be paid by the county or by the parent or guardian as the court may direct. Such commitment shall be temporary and shall be only for a period necessary for the treatment of such child.

Section 1352—9. The board of state charities shall arrange for the treatment and education of crippled children committed to it by the juvenile court. The expenses for board, clothing and personal necessities and for mental, medical, surgical, dental and optical examination and treatment, including massaging and other beneficial treatment and braces, artificial limbs and accessories and their upkeep, and for education when necessary shall be paid out of funds appropriated to the use of the board of state charities by the general assembly; but the board of state charities may require parents or guardians to pay the state for such expenses when in its judgment such action is just. Such board shall exercise close supervision over such crippled children while patients in such hospitals and may at any time terminate any contract so made when in its judgment such action should be taken. Each child shall be visited as frequently as necessary and proper by a representative of such board who shall prepare and present to the board a written report concerning the progress of such patient.

Section 1352—10. Whenever it appears that a crippled child has been successfully treated, or that it cannot be further benefited by such treatment, the board shall order its discharge and thereupon its guardianship and responsibility shall cease. After such a child has been in the care of the board of state charities in accordance with this act for more than one year the parent or guardian, with the approval of the juvenile court, may cause its release from the supervision of the board of state charities.

6. New York Law providing state supervision of all work for crippled children.

The portions of Chapter 227, Laws, 1925, of the state of New York which were intended by the State Commission for Survey of Crippled Children to insure an effective follow-up and direction of the work are contained in the following sections relating to the Advisory Commission for Physically Handicapped Persons:

- § 1203—a. Purpose of the commission. The purpose of the commission shall be:
- 1. To rehabilitate persons over fourteen years of age needing and susceptible to rehabilitation for remunerative occupations.
- 2. To stimulate all private and public efforts designed to relieve, care for, cure or educate physically handicapped children, and to co-ordinate such efforts with the work and functions of governmental agencies.
- 18. The opening paragraph of section twelve hundred and four of such chapter twenty-one of the laws of nineteen hundred and nine, as added by chapter seven hundred and sixty of the laws of nineteen hundred and twenty, is hereby amended to read as follows:
- § 1204. Power of the commission. The commission shall have power and it shall be its duty:
- 19. Section twelve hundred and four of such chapter twentyone of the laws of nineteen hundred and nine, as added by chapter seven hundred and sixty of the laws of nineteen hundred and twenty, is hereby amended by adding two new subdivisions, to be subdivisions seven and eight, to read as follows:
- 7. To carry out the provisions of section twelve hundred and three—a of this article.
- 8. To maintain a register of physically handicapped children and to use all means and measures necessary to adequately meet

the physical and educational needs of such children, as provided by law.

- 20. Section twelve hundred and six of such chapter twentyone of the laws of nineteen hundred and nine, as added by chapter seven hundred and sixty of the laws of nineteen hundred and twenty is hereby amended by adding two new subdivisions, to be subdivisions four and five, to read as follows:
- 4. Make, within the limits of the appropriations made therefor, physical examination of physically handicapped children who are prospectively or actually incapacitated for the normal pursuit of an education and make recommendations for treatment.
- 5. On its own initiative or on request of the commission provide, within the limits of the appropriations made therefor, such surgical, medical or therapeutic treatment or hospital care and necessary appliances and devices for physically handicapped children as in its judgment are needed.
- 21. Section twelve hundred and eight of such chapter twentyone of the laws of nineteen hundred and nine, as added by chapter seven hundred and sixty of the laws of nineteen hundred and twenty, is hereby amended by adding a new subdivision, to be subdivision eleven, to read as follows:
- 11. To provide, within the limits of the appropriations made therefor, home-teaching, transportation, scholarships in non-residence schools, tuition or maintenance and tuition in elementary, secondary, higher, special and technical schools, for physically handicapped children, in whole or in part from funds of the department, when not otherwise provided by parents, guardians, local authorities or by other sources public or private.

7. Wisconsin Provision for Medical Treatment.

The essential parts of the law under which Wisconsin provides physical restoration at public expense for indigent persons are:

Wisconsin general hospital; treatment of indigent residents.—Section 1417a—1. The state of Wisconsin general hospital at Madison is hereby designated as the proper place of treatment for persons who are legal residents of this state, and who are afflicted with any disease, malady, deformity or ailments (which can probably be remedied, or which can be advantageously treated by proper medical or surgical care, in all cases where such person, or in the case of a minor, the parent, guardian, trustee, or other person having lawful custody of his person, as the case may be, is financially unable to provide such care and treatment.

Application for treatment.—Section 1417a—2. Whenever the existence of a case described in section 1417a—1 shall come to the notice of the sheriff, any county supervisor, public official, town clerk, public health officer, public health nurse, poor commissioner, policeman, physician, or surgeon, it shall be his duty to, and any teacher, priest or minister may, file with the county judge of the county of the legal residence of such person, an application for the treatment of such person at the state of Wisconsin general hospital.

Section 1417a—3 goes into detail as to an investigation of the application and a report by a physician.

Approval of county court.—Section 1417a—4. If, upon the filing of said report, the court shall be satisfied that the case is one which should be treated at the state of Wisconsin general hospital, and that the person to be treated, or his parent, guardian, trustee or other person having legal custody of his person in the case of a minor, is not financially able to pay the full cost of proper treatment, he shall enter an order finding such facts. In case the court is not so satisfied, he may take additional testimony, or make such further investigation as to him shall seem proper. The court may reject any application not found meritorious. Upon the entry of the order of the court approving said application, he shall communicate with the super-

intendent of the state of Wisconsin general hospital and ascertain whether or not the applicant can be received as a patient. If the state of Wisconsin general hospital can receive such applicant, the court shall thereupon certify his approval of such application to said hospital, and to the chairman of the county board.

Charges for treatment.—Section 1417a—8. The state of Wisconsin general hospital shall treat patients admitted on certificates of the county court of any county at rates based on actual cost as determined by the board of regents of the university. Payments made by such patients shall be credited to their account. The state shall reimburse the university for the balance of the net cost of such treatment, and assess one-half of such net cost against the county from which the patient is sent, as hereinafter provided. Patients may be admitted without certificate of the county board, but the cost of the care of such patient shall not be deemed a proper joint charge against the state and county jointly, except in case such patients are admitted in an emergency pending the action of the county court upon their case. In case the county court finds such a case a worthy one, as hereinafter provided, the charges against the state and county for his care shall date from the day of his admission to said hospital.

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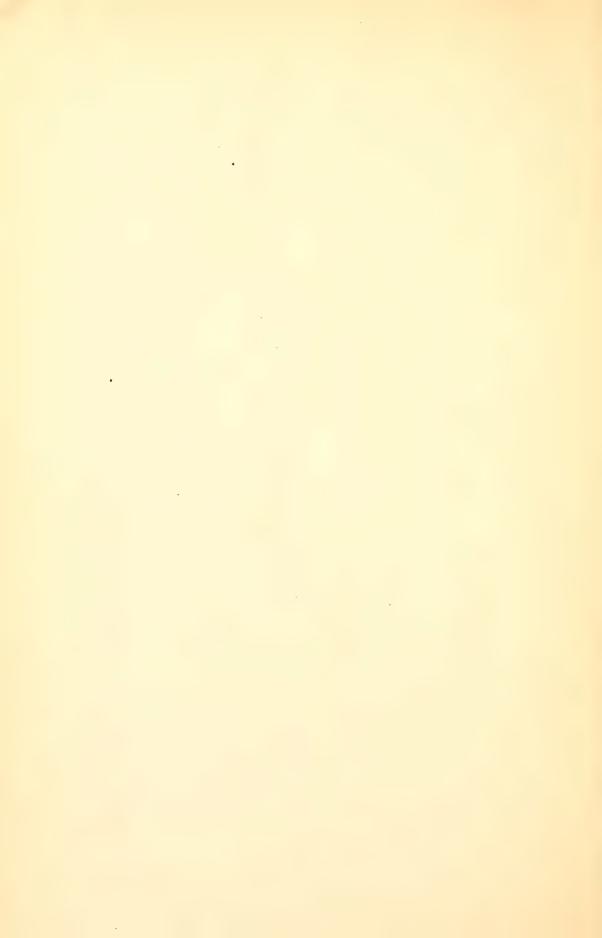
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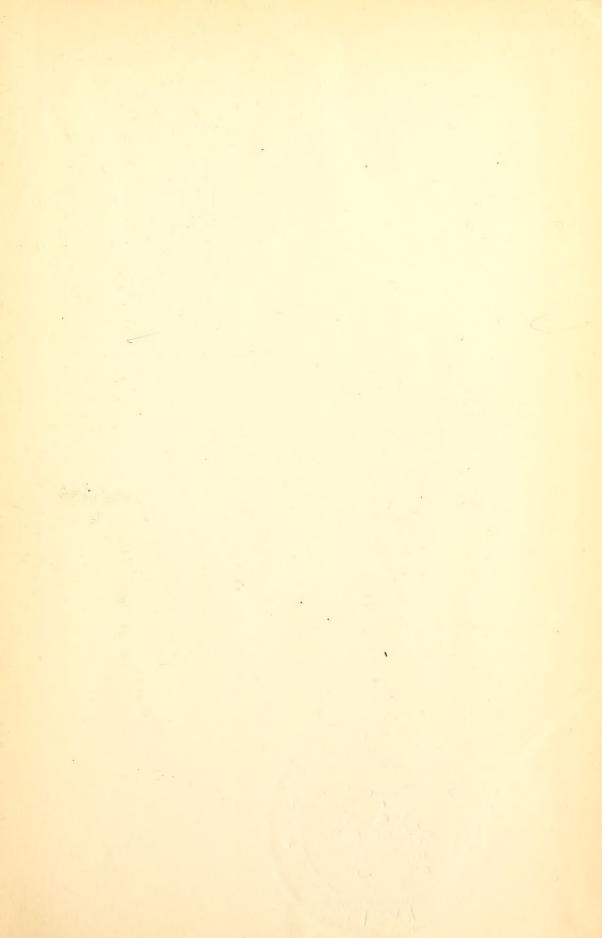
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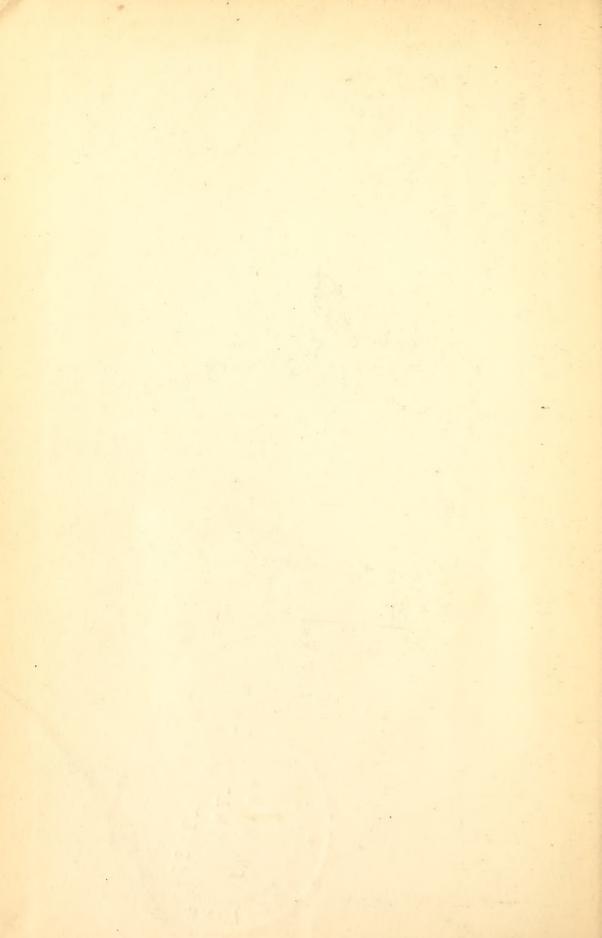
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